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Commissioner
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Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

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Web Site: <http://www.sfdph.org>

AGENDA

HEALTH COMMISSION MEETING

Tuesday, January 15, 2013, 4:00 p.m.
101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102

- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 18, 2012.
**Minutes of the meeting of December 18, 2012*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT
(Barbara Garcia, Director of Health)
 - Legislation
 - Programs
 - Budget
 - Departmental News
 - Announcements**Director's Report*
- 4) GENERAL PUBLIC COMMENT**
- 5) FOR DISCUSSION AND POSSIBLE ACTION: COMMUNITY AND PUBLIC HEALTH COMMITTEE
- 6) FOR DISCUSSION AND POSSIBLE ACTION: CONSENT CALENDAR
- 7) FOR DISCUSSION AND POSSIBLE ACTION: EMS 5-YEAR PLAN
(John Brown, MD, EMS Medical Director)
- 8) FOR DISCUSSION AND POSSIBLE ACTION: GOVERNOR'S BUDGET
(Jim Soos, Assistant Director of Policy and Planning)
- 9) FOR DISCUSSION AND POSSIBLE ACTION: DPH FACILITIES PLAN
(Mark Primeau, DPH Capital Projects)
- 10) OTHER BUSINESS***
- FOR DISCUSSION AND POSSIBLE ACTION: JOINT CONFERENCE COMMITTEE REPORTS

GOVERNMENT
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**FOR DISCUSSION AND
POSSIBLE ACTION:**

COMMITTEE AGENDA SETTING

11) CLOSED SESSION

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

SETTLEMENT: KERR v. CCSF

- D) Reconvene in Open Session

12) ADJOURNMENT

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- ** At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- *** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

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Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 15, 2013, 4:00 p.m.
101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102

SF
H20
#2
1/15/13

1) CALL TO ORDER

Present: Commissioner Sonia E. Melara, President
Commissioner Catherine Waters, Vice President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner David J. Sanchez
Commissioner Belle Taylor-McGhee

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The meeting was called to order at 4:04pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 18, 2012.

Action Taken: The minutes of the December 18, 2012 Health Commission meeting were unanimously approved.

3) DIRECTOR'S REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Seasonal Flu in the News: Protect Yourself and Others with Flu Vaccine

Responding to an expected increase in the number of seasonal flu cases in San Francisco and throughout the Bay Area, we are reminding staff to do their part in helping to prevent the spread of the flu by getting a flu shot. Flu vaccines are available through your healthcare provider and at commercial outlets such as your local pharmacy, or at the health department's Adult Immunization & Travel Clinic located at 101 Grove St. Flu vaccine is available as a shot or an intranasal (nose) spray. Each has its advantages. Your doctor may recommend one or the other for you depending on your age and your health. Flu vaccine locations can be found on line at www.flu.gov.

New Engagement Specialist Team (EST) to Replace MAP Van

Beginning January 1, 2013, I have directed the Homeless Outreach Team and Mobile Assistance Patrol to merge services to provide more efficient and targeted street outreach to our High Users of Multiple Systems (HUMS). This is a proactive effort with the goal of engaging vulnerable individuals into preventive and chronic care services before they require ambulance and police intervention. Based on a community care plan, EST

staff will link them to care through safer housing and/or treatment programs that will stabilize the progression of their chronic diseases.

Human Trafficking Awareness Month

January 11th begins *Human Trafficking Awareness Month* in San Francisco. This annual campaign has been formally recognized by San Francisco elected leaders in 2010 and takes place each year nationally between January 11 (National Human Trafficking Awareness Day) and February 12 (Abraham Lincoln's birthday). A calendar of all events to be held during San Francisco's 2013 Human Trafficking Awareness Month is available in print at 25 Van Ness Avenue, Suite 800, SF, CA 94102 or online at www.sfcaht.org. For more information on human trafficking or to inquire about training, contact Cristy.Dieterich@sfdph.org, or call (415) 581-2479.

2013 San Francisco Point-in-Time Homeless Count

Every two years in January, communities across the country conduct comprehensive counts of their homeless population. This biannual census helps us gain a better understanding of the current homeless population and provides a basis on which to apply for federal funding for homeless programs. The results of this research also gives service providers, policy makers, funders, and local, state, and federal governments a better understanding of the needs of the homeless population by examining current statistics in various geographical contexts. If any of the Commissioners would like to volunteer or have questions about the homeless count, contact Samantha Green at samantha@appliedsurveyresearch.org or call her at 758-2013.

Kelly Cullen Community: Newest Direct Access to Housing Site

Over the holidays, the first 14 tenants moved into the new Direct Access to Housing program at Kelly Cullen Community. All tenants are homeless, extremely low-income individuals with great medical, behavioral health and housing needs and have a chronic mental health, substance use and/or physical health condition. Seventeen of the units are set aside for clients referred by the Mental Health Services Act. Currently, all applications are in process and the building will be fully occupied by the end of May. The Grand Opening of Kelly Cullen Community is being scheduled for later in March. As soon as we receive the invitation with the date, we will inform the Commissioners, hoping that many of them will be able to attend the celebration.

Health Affairs Features Employer Spending Requirement

The January 2013 issue of *Health Affairs* features an article on implementation of the Employer Spending Requirement (ESR) provisions of the Health Care Security Ordinance. Researchers at Dartmouth, University of California at Berkeley and the University of Massachusetts at Amherst investigated employer response to the ESR. A link to the entire article is at <http://content.healthaffairs.org/content/32/1/69.full.pdf+html>.

Commissioner Chung Interviewed by TVB USA

Commissioner Chung was recently interviewed by reporter Kenji Liu for a segment on transgender health. TVB USA is the largest distributor of Chinese-language television programs in the world. The segment ran on a number of stations throughout the Bay Area on Wednesday, January 9th. As soon as the station posts a link to the interview on their website, we will share it with the Commission. We are proud to have Commissioner Chung's role as a leader in the transgender community to help bring important messages and information to the public and the community.

Chinese New Year Stockton Street Pedestrian Enhancement Program

For the second year in a row, the Department is working with a number of other City agencies to help manage the open space and protect pedestrians along the Stockton Street corridor during the Chinese New Year season. From January 26-February 9, the City is providing more space for merchants to display their goods by temporarily closing the parking lane along five blocks of Stockton from Broadway to Sacramento. Merchants must meet strict guidelines to participate and inspectors will be on hand to ensure compliance. The program

proved very popular with the Chinese merchants and the community when it was launched in 2011. A copy of the flyer developed for the merchants is attached to the Director's Report.

Mass Prophylaxis Preparedness

In November of 2012 the CDC reviewed the San Francisco Department of Public Health's *Medical Countermeasure Plan*. SFDPH received a perfect score on its Local Technical Assistance Review (TAR). According to the CDC, "SFDPH has built a strong medical countermeasures dispensing program as evidenced by the second consecutive 100 percent on the local TAR Tool. This year's score continues to showcase the aggressive actions of SFDPH planners and their close collaboration with other San Francisco City and County agencies and departments." It is gratifying to hear such high praise from federal agencies that we are maintaining an exceptional level of preparedness for responding to emergencies.

Corner Store Project: Healthier Foods Coming to Bayview District

A major effort to bring healthier foods to San Francisco's Bayview District is underway. Supported by Kaiser Permanente's Bayview HEAL Zone initiative, two Bayview corner stores are getting healthy store makeovers to make it easier for residents to buy and prepare healthier foods for their families. In a step toward a major effort to make Bayview a healthier place to live, the Southeast Food Access (SEFA) Food Guardians are giving local corner stores the tools and support they need to make their businesses assets to the community. The Food Guardians are young Bayview residents fighting for healthier food and equity in their community.

Giant Sweep Campaign

The Department of Public Health will be helping to support Mayor Lee's Giant Sweep campaign, a citywide anti-litter campaign lead by the Department of Public Works to clean up San Francisco and change public behavior. The Giant Sweep theme is based on the 2012 Giants who showed us that winning the World Series was team effort. The same approach is needed to attack San Francisco's litter problem. Giant Sweep will take place four times over the year as a nod to the Giants' four-game sweep of the Detroit Tigers in the 2012 World Series. Each citywide event will cover two days: Fridays reserved for schools; Saturdays for neighborhoods.

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) has released its schedule of upcoming Brown Bag workshops for January to March, 2013. (See attached). The Commissioners and staff are encouraged to review the classes and attend those that may be of interest or prove helpful. The EAP also offers a number of important services throughout the year.

Shape Up SF Releases Annual Year in Review

Shape Up SF has released its annual Year in Review, documenting the initiative's successes in 2012. Shape Up was created to make it fun and easy for San Franciscans to eat well and move more. You can find it on the Shape Up SF website at www.shapeupsf.org. Hard copies of the report will be available to the Commissioners at the next Health Commission meeting.

National Nursing Excellence Award

Congratulations to Laguna Honda nurse Peter Dennehy, who was a recipient of the 2012 National Nursing Excellence Award in Home, Community and Ambulatory Care by Nurse.com and the Gannett Health Care Group.

Commissioner Comments/Follow-Up:

Commissioner Chow requested a presentation on the new Engagement Specialist Team, which replaced the MAP Van program, later in the year so the Health Commission may hear how the new model is working.

Commissioner Chow commended the DPH for its ongoing work to make Stockton Street safe for pedestrian activities.

Commissioner Waters stated that she is pleased with the progress of fresh food being available in the Bayview.

4) **GENERAL PUBLIC COMMENT**

Patrick Monette-Shaw submitted the following public comment:

In response to my recent records request to Louise Renne, and Melanie Beene, Community Initiatives' CEO, Ms. Benne replied on Monday, January 14: "Please be advised that the Laguna Honda Foundation Project is no longer a fiscally sponsored project at Community Initiatives. To the best of my knowledge, the Laguna Honda Foundation is in the process of dissolving." Renne can't be permitted to dissolve, giving Foundation assets to just any non-profit she chooses. This Health Commission has an ethical responsibility to contact Renne immediately, saying in no uncertain terms that funds Renne raised for her Foundation made donors believe they'd be assisting Laguna Honda Hospital, and by extension, helping LHH's residents. This Commission needs to formally notify Renne that your expectation is that any funds — and all assets — remaining in her Foundation should be donated *only* to Laguna Honda Volunteers, Inc. (a.k.a. "Friends of Laguna Honda") for direct patient benefit.

5) **COMMUNITY AND PUBLIC HEALTH COMMITTEE**

Commissioner Waters, Committee Chair, stated that the Committee heard a presentation on High Users of Multiple Services and Coordinated Case Management. The DPH strategies with this population have resulted in a decrease in cost to the DPH. The Committee also heard a presentation on Community Placement, the DPH innovative program that places complex and challenging clients into programs/housing that is most appropriate for their level of care.

6) **CONSENT CALENDAR**

This item was not discussed.

7) **EMS 5-YEAR PLAN**

Rob Dudgeon, Director of the Division of Emergency Services, introduced the presentation and thanked the DPH for its effective partnership with the Department of Emergency Services and the Fire Department. Dr. John Brown, EMS Medical Director and Steve LaPlante, EMS Administrator, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chow requested that ongoing reports to the Health Commission should include outcome measures so that the Health Commission can best understand the progress and areas that need improvement. He also suggested a revision of the draft resolution to include the following language in bold:

*WHEREAS, as part of the strategy to reach this goal the Plan includes the goal for system improvements to be implemented over the next 5 years and monitoring of these deliverables along with **appropriate outcome measurements** to be reported quarterly to the Health Commission and the people of San Francisco; and*

Commissioner Waters asked for clarification on the ways in which EMS can report outcomes to the Health Commission. Mr. LaPlante stated that the monthly quality assurance reports and the year-end report will contain outcome information.

Commissioner Sanchez commended the leadership of all the Departments involved.

Commissioner Taylor-McGhee asked how EMS has avoided having workgroups isolated from one another so

that they remain effective. Dr. Brown stated that there are specific rules and policies regarding how the workgroups function. In addition, there is substantial overlap of the membership of the workgroups.

Commissioner Chung stated that EMS provided excellent care to her grandfather when he was brought to SFGH where he was able to recover enough to say goodbye to his family. She thanked EMS for their excellent services and stated that her grandfather's case was a success story for the EMS and SFGH teams.

Action Taken: The revised resolution was unanimously approved. (See Attachment A)

8) GOVERNOR'S BUDGET

Jim Soos, Assistant Director of Policy and Planning, gave the presentation.

Commissioner Comments/ Follow-Up:

Commissioner Taylor-McGhee asked which option for Medi-Cal expansion is best for San Francisco. Tangerine Brigham, DPH Deputy Director and Director of Healthy San Francisco, stated that the State-based option is best for San Francisco because it makes most sense to have a state-wide standard program. Currently each county has different eligibility guidelines and not all of them have existing low-income programs.

Commissioner Chow asked the impact on the Laguna Honda Hospital (LHH) budget if the 10% State reimbursement rate cut is approved. Mr. Soos stated that the cut, retroactive to June, 2012, to the LHH budget, will be approximately \$15M a year. Greg Wagner, DPH CFO, stated that the DPH has reserved funds to cover this amount.

9) DPH FACILITIES PLAN

Mark Primeau, DPH Capital Projects, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Chung asked if the SFGH elevators are being replaced. Kathy Jung, SFGH Director of Facilities and Support Services, stated that the DPH will be upgrading and modernizing the computer systems and wiring of the elevators.

Commissioner Chow asked for more information on the plan to tear down several of the old LHH buildings. Director Garcia stated that the DPH explored using the buildings for an assisted living site but it would require bringing in a private developer.

Commissioners Sanchez, Chow and Melara, thanked Mr. Primeau and the DPH for the comprehensive report and effective work. Director Garcia thanked Mr. Primeau for his impactful work which has streamlined many large capital projects.

10) OTHER BUSINESS

JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow stated that the SFGH JCC met on January 8th. At the meeting, the Committee heard a SFGH Rebuild update and a quality report including the SFGH vendor contract list.

COMMITTEE AGENDA SETTING

11) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

SETTLEMENT: KERR v. CCSF

- D) Reconvene in Open Session

Action Taken: The Health Commission voted not to disclose discussion of the item in Closed Session.

12) ADJOURNMENT

The meeting was adjourned at 6:04pm.

**Health Commission
Resolution 13-1**

Endorsing the 2013 San Francisco Department of Emergency Management/San Francisco EMS Agency 2013-2017 Strategic Plan

WHEREAS, the San Francisco EMS Agency was created in 1981 to improve patient care and fulfill state law and regulation in regards to the coordinating the provision of Emergency Medical Services in San Francisco;

WHEREAS, the San Francisco EMS Agency has worked collaboratively with system stakeholders including the San Francisco Fire Department, the San Francisco Department of Emergency Management/Division of Emergency Communications, private ambulance companies, community hospitals, EMS providers, the San Francisco Emergency Physicians Association, the San Francisco Paramedic Association, the Department of Public Health and other emergency care providers; and,

WHEREAS, the San Francisco EMS Agency has developed the EMS System Strategic Master Plan with input from the EMS Advisory Committee, the San Francisco Medical Society, and held 6 open meetings and provided a period of public comment on the Plan; and,

WHEREAS, the current rates of survival from cardiac arrest remain unacceptably low, and survival rates have not increased to a level on par with other cities of similar size over the past 5 years,

WHEREAS, instances of not having an ambulance available immediately for a request for EMS services remain unacceptably high; and,

WHEREAS, communication between EMS providers and their partners in emergency medical care should be improved across all patient encounters to improve patient treatment; and

WHEREAS, training among EMS providers is not standardized and integrated; and

WHEREAS, the Plan includes specific guidelines on enhancing communication, standardizing training, developing mechanisms to decrease periods of ambulance unavailability; and,

WHEREAS, as part of the strategy to reach this goal the Plan includes the goal for system improvements to be implemented over the next 5 years and monitoring of these deliverables along with appropriate outcome measurements to be reported quarterly to the Health Commission and the people of San Francisco; and

WHEREAS, the Health Commission recognizes the Plan outlines a change in the San Francisco EMS care paradigm and may lead to a reconfiguration of EMS services within state law and regulatory direction; now therefore be it

RESOLVED, that the Health Commission commends the DEM and the San Francisco EMS Agency for a thorough and rigorous planning process; and be it

FURTHER RESOLVED that the Health Commission endorses the 2013 San Francisco EMS System Strategic Master Plan and the DEM/EMSA's implementation of new directions for EMS Care.

I hereby certify that the San Francisco Health Commission at its meeting of January 15, 2013 adopted the foregoing resolution.

Mark Morewitz
Health Commission Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, February 5, 2013, 4:00 p.m.
101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102

1) CALL TO ORDER

2) PROPOSED ACTION:

APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING
OF JANUARY 15, 2013.

**Minutes of the meeting of January 15, 2013*

3) FOR DISCUSSION:

DIRECTOR'S REPORT

(Barbara Garcia, Director of Health)

- Legislation
- Programs
- Budget
- Departmental News
- Announcements

**Director's Report*

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4) GENERAL PUBLIC COMMENT**

5) FOR DISCUSSION AND
POSSIBLE ACTION:

FINANCE AND PLANNING COMMITTEE

6) FOR DISCUSSION AND
POSSIBLE ACTION:

CONSENT CALENDAR

- FEBRUARY CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH 473 ELLIS L.P. IN THE AMOUNT OF \$105,907, WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE PROPERTY MANAGEMENT SERVICES AT THE CAMBRIDGE HOTEL, A DIRECT ACCESS TO HOUSING (DAH) MENTAL HEALTH SERVICES ACT (PROP. 63) PROGRAM SITE, WITH A FOCUS ON HOUSING RETENTION SERVICES, FOR THE PERIOD OF JULY 1, 2012 THROUGH JUNE 30, 2016 (4 YEARS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH COMMON CENTS SYSTEMS IN AN AMOUNT OF \$188,718, TO PROVIDE ONGOING SOFTWARE MAINTENANCE SERVICES FOR THE APOLLO LABORATORY INFORMATION SYSTEM (LIMS) SYSTEM IN USE BY THE PUBLIC HEALTH LABORATORY FOR THE PERIOD OF JANUARY 1, 2013 THROUGH DECEMBER 31, 2017 (SIXTY MONTHS).
- REQUEST FOR APPROVAL OF A RENEWAL CONTRACT WITH CLARION DATA INC. IN AN AMOUNT OF \$141,376, TO PROVIDE ONGOING SOFTWARE MAINTENANCE SERVICES TO THE CLINICAL DATA SYSTEM IN USE BY LAGUNA HONDA HOSPITAL FOR THE PERIOD OF JANUARY 1, 2013 THROUGH DECEMBER 31, 2015 (36 MONTHS).

- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **COMMUNITY HEALTH IMPROVEMENT PLAN**
(Colleen Chawla, Deputy Director and Director of Policy and Planning)
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **SFGH REBUILD UPDATE**
(Terry Saltz, SFGH Rebuild Director, Mark Primeau, DPH Capital Projects, Ron Alameida, Department of Public Works)
- 9) **OTHER BUSINESS*****
- FOR DISCUSSION AND POSSIBLE ACTION:** **JOINT CONFERENCE COMMITTEE REPORTS**
- FOR DISCUSSION AND POSSIBLE ACTION:** **COMMITTEE AGENDA SETTING**
- 10) **CLOSED SESSION**
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Potascher v. CCSF
Allen v. CCSF
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Sonia E. Melara, M.S.W.
President

Catherine M. Waters, R.N., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

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Web Site: <http://www.sfdph.org>

MINUTES

HEALTH COMMISSION MEETING

**Tuesday, February 5, 2013, 4:00 p.m.
101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102**

1) CALL TO ORDER

Present: Commissioner Sonia E. Melara, President
Commissioner Catherine Waters, Vice President
Commissioner Cecilia Chung
Commissioner David J. Sanchez
Commissioner Belle Taylor-McGhee

Excused: Commissioner Edward A. Chow M.D.

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The meeting was called to order at 4:03pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 15, 2013.

Action Taken: The minutes of the December 18, 2012 Health Commission meeting were unanimously approved.

3) DIRECTOR'S REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Governor Brown Calls Special Session of the Legislature to Implement Federal Health Care Reform

Following his State of the State Address on Thursday, January 24, Governor Brown issued a proclamation convening an extraordinary session of the California State Legislature starting on January 28 to continue the work of implementing the federal Patient Protection and Affordable Care Act (ACA) in California. In August, the Governor had announced his intention to call a special session on health care. The extraordinary session will run concurrently with the regular session of the Legislature and allow any laws passed and signed during the session to take effect in 90 days instead of next January. We will continue to update the Commission on California's efforts to implement the ACA.

A Valentine for the Heart of Our City

The eighth annual Heroes & Hearts luncheon will take place on Valentine's Day this year, honoring local heroes and artists while raising funds for the San Francisco General Hospital Foundation, all under a big tent at AT&T Park. The occasion draws city leaders, including the Mayor, Police and Fire Chiefs, Supervisors and other civic stars to celebrate the great work done all year round by the physicians and staff at San Francisco General

Hospital. There are still tickets available for the February 14th luncheon. To purchase them, or for more information, visit the Foundation's website at www.sfghf.net and click on "Heroes and Hearts." The luncheon is followed by an evening event – Hearts After Dark – already in its fourth year. Tickets for that popular event are sold out.

New Tobacco Control Ordinances

On Jan. 29, 2013 the San Francisco Board of Supervisors approved two new tobacco control ordinances that will provide expanded protection from second hand smoke. Three Tobacco-Free Project-funded Community Capacity Building projects worked on these policy campaigns for the past two years: BREATHE California, Dolores Street Community Services/Mission SRO Collaborative and the San Francisco Apartment Association. Supervisor Mar was the main sponsor of both ordinances described below:

Black AIDS Awareness Week

Thursday, February 7, 2013 is our nation's 13th **National Black HIV Awareness Day**. In San Francisco, the San Francisco Department of Public Health, HIV Prevention Section and various community-based organizations will kick off National Black HIV Awareness Day at 4:30 p.m. at City Hall, Goodlett Steps, followed by a candlelight march to Glide Memorial. There will also be free HIV and STI testing, entertainment and refreshment. The Commissioners and the public are encouraged to attend.

HIV/AIDS still has a looming presence in the African-American community, both in San Francisco as well as across the nation. The purpose of the march is to raise awareness of the continued impact of the disease in African-American communities and to underscore the importance of the work that still needs to be done in fighting HIV/AIDS here at home. Following the march, a community discussion will be held at the Glide Memorial with keynote speakers Dr. Malcolm John, Associate Clinical Professor at UCSF and Pastor Theon Johnson, Glide Memorial. For more information about the week's activities and events, contact Vincent Fuqua, AIDS Office, 554-9073, Vincent.Fuqua@sfdph.org.

First Community Meeting for UCSF Research Building on SFGH Campus

UCSF is hosting a community meeting at the SFGH campus to introduce a proposal for a new research building on the SFGH campus. SFGH is home to 170 UCSF principal investigators receiving more than \$160 million in grants each year for research that has direct benefits to patients and the community.

The new building would provide updated lab space that meets UC seismic requirements for research programs that are currently located in the red brick buildings on campus. The new research building would be built on the parking lot near the Emergency Department entrance, located off of 23rd St. Construction would start after completion of the Rebuild and open by 2018. The community meeting is scheduled for **Tuesday, February 11th at 6:30 p.m.** in the **SFGH Cafeteria** and is open to anyone who is interested in learning more about this project. The Commissioners are welcome to attend.

Update on Meaningful Use/eClinicalWorks Progress

The Department's initiative to achieve "Meaningful Use" of Electronic Medical Records (EMR) reached another major milestone on January 29th with the implementation of the eClinicalWorks Ambulatory EMR at Silver Avenue Health Center. The implementation went very well and clinic staff is effectively using the system to provide direct patient care with on-line clinical documentation and medication prescribing. It should be noted that the Silver Avenue Leadership Team was especially instrumental in helping get this up and running. A special thanks to Ellen Chen, MD, Rosana Leon, and Emma Bathke for their hard work in making it a smooth transition. Silver Avenue Health Center is the 7th DPH Ambulatory Care Clinic to implement the eClinicalWorks EMR, and the project is currently on-track to complete installations at Community Oriented Primary Care and San Francisco General Hospital ambulatory care sites.

Staff Changes at LHH

Michelle Fouts has been appointed as Laguna Honda Chief of Pharmacy. She has been serving in the position on an acting basis since David Woods, former LHH Chief of Pharmacy, accepted the position of Chief of Pharmacy for DPH.

Laguna Honda Gift Shop Opens

A new Laguna Honda gift shop has opened on the hospital esplanade. The shop is unique among gift shops in acute care hospitals in that it is oriented to provide services to residents who may not have a high level of social support outside the hospital. It provides sundries, a DVD lending library, and a wide range of items donated to the hospital by people from throughout San Francisco. The shop is operated as part of the hospital's vocational rehabilitation program, providing a venue for skill building. Additions to Gift Shop services under consideration are a personal-shopper program to assist residents with buying trips to community venues and the sale of resident art in conjunction with Eldergivers, a Laguna Honda community partner.

Management Training Courses Popular

Laguna Honda and the city's Department of Human Resources are jointly providing management training courses for Laguna Honda staff beginning in February and continuing through August. Courses are being offered on how to build exceptional teams, create effective work habits, and manage employee conflict. DHR is also offering its "24 Plus" course, designed for managers to share best practices, examine personal strengths and management styles, learn to build a clear accountability system for their team, and review strategies for coaching employees honestly and respectfully. Enrollment has been high.

Staff Changes at SFGH

Sharon Wicher has assumed the permanent position of Behavioral Health Center Director, effective 1/17/13. Sharon has been providing direct administrative oversight at the Center for over six months, focusing on the ongoing regulatory and clinical challenges. We thank Sharon for her service as Chief Nursing Officer and know that her extensive experience and knowledge of behavioral health will be critical to the success of the program. Other changes at SFGH include Terry Dentoni's appointment to the position of Interim Chief Nursing Officer, the appointment of Jay Kloo as interim Nurse Manager in the Emergency Department and, taking over as interim Director of Regulatory Affairs, is Elaine Coleman.

Medical Services for the Underserved Population: Presentations in Japan

Barry Zevin, MD, Physician Specialist, who has worked for many years delivering health care to the City's homeless, recently returned from a trip to Japan where he had a chance to give several talks and presentations. His message was that people who have multiple problems—such as substance abuse, homelessness and sexual minority status—are often underserved. The trip throughout Japan presented Dr. Zevin an opportunity to share his experiences and learn from others beyond our national and cultural differences.

Public Comment:

Francisco De Costa, Director of Environmental Justice Advocacy, stated that he has toured many cities around the world. He stated that quality of life issues in San Francisco are not up to par. He would like to know what blue print is being used to develop strategy for the future of the City. He added that housing is vital to senior and indigent populations.

Dr. Espanola Jackson stated that she has grave concerns about health issues in Bayview Hunter's Point. She noted that rates for cancer, asthma, and HIV are too high in the neighborhood's population. She requested that the City and the Health Commission reexamine the work of all the providers in the neighborhood so care and services are better coordinated.

4) **GENERAL PUBLIC COMMENT**

Francisco De Costa, Director of Environmental Justice Advocacy, stated that the Health Commission, the DPH, and the community need to look deeper into improving Charity Care because it is a shame that so many people are dying on the streets.

5) **FINANCE AND PLANNING COMMITTEE**

Commissioner Chung served as Chair and stated that the Committee reviewed and recommended for approval the Contracts Report and the three other contracts listed below in the Consent Calendar. The Committee also reviewed the RFP Update.

Commissioner Comment/Follow-Up:

Commissioner Sanchez asked for more information on M/Mgmt Systems, a company acquired by Comment Cents Systems, one of the vendors in a new contract. Director Garcia stated that DPH staff will provide more information on this contract through the Commission Executive Secretary.

6) **CONSENT CALENDAR**

The following were unanimously approved:

- FEBRUARY CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH 473 ELLIS L.P. IN THE AMOUNT OF \$105,907, WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE PROPERTY MANAGEMENT SERVICES AT THE CAMBRIDGE HOTEL, A DIRECT ACCESS TO HOUSING (DAH) MENTAL HEALTH SERVICES ACT (PROP. 63) PROGRAM SITE, WITH A FOCUS ON HOUSING RETENTION SERVICES, FOR THE PERIOD OF JULY 1, 2012 THROUGH JUNE 30, 2016 (4 YEARS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH COMMON CENTS SYSTEMS IN AN AMOUNT OF \$188,718, TO PROVIDE ONGOING SOFTWARE MAINTENANCE SERVICES FOR THE APOLLO LABORATORY INFORMATION SYSTEM (LIMS) SYSTEM IN USE BY THE PUBLIC HEALTH LABORATORY FOR THE PERIOD OF JANUARY 1, 2013 THROUGH DECEMBER 31, 2017 (SIXTY MONTHS).
- REQUEST FOR APPROVAL OF A RENEWAL CONTRACT WITH CLARION DATA INC. IN AN AMOUNT OF \$141,376, TO PROVIDE ONGOING SOFTWARE MAINTENANCE SERVICES TO THE CLINICAL DATA SYSTEM IN USE BY LAGUNA HONDA HOSPITAL FOR THE PERIOD OF JANUARY 1, 2013 THROUGH DECEMBER 31, 2015 (36 MONTHS).

7) **COMMUNITY HEALTH IMPROVEMENT PLAN**

The following people gave the presentation on the San Francisco Community Health Improvement Plan: Colleen Chawla, DPH Deputy Director and Director of Policy and Planning; Veronica Shepard, Director of Community Partnerships at the Bayview Health and Wellness Center; Abbie Yant, Vice President of Mission, Advocacy, and Community Health at Saint Francis Hospital; Roma Guy, Public Health Consultant; Wilie Liu, Director of UCSF's Community Partnership Programs; Jim Illig, Manager of Kaiser Community Benefit Health Programs; Tomas Aragon, MD, DPH Health Officer and Director of Population Health and Prevention.

Public Comment:

Francisco Da Costa, Director, Environmental Justice Advocacy, stated that we need to bring doctors back to give them proper orientation. We use doctors like machines. We are dealing with quality of life issues. We can have the best of intentions but if you up against huge obstacles, you may not achieve what you want.

Commissioner Comments/Public Comment:

Commissioner Waters thanked the presenters and Director Garcia for addressing the many complex issues contained in the Plan. She added that she was moved by the presenters and the information shared during the report.

Commissioner Chung stated that she applauds the Committee for all the work to develop the Plan. She added that she was surprised not to see health literacy included in the Plan but hopes the concept is implied in the document. She also stated that she is hopeful that change is possible and with this Plan, the City is moving in the right direction.

Commissioner Sanchez stated that the Plan represents a unique cross section of a multitude of good ideas developed by a diverse community concerned about health of San Francisco. He thanked Director Garcia for choosing former Health Commissioner Roma Guy and Dr. Aragon to serve as co-chairs of the committee. He suggested that the DPH apply to private foundations to seek outcome evaluation funds for the implementation of the Plan.

Commissioner Melara thanked all the presenters and committee members for their hard work. She stated that resources need to be targeted to where they are most needed and the Plan will help in this process. She also stated that the budget should reflect the goals of the Plan. She requested that the Health Commission receive periodic updates on the implementation of the Plan.

Commissioner Taylor-McGhee thanked the presenters and made a motion, seconded by Commissioner Chung, to include the following (underlined) language suggested by Ms. Guy in her presentation:

"WHEREAS, in accordance with San Francisco City Health Code Section 4.110, the San Francisco Health Commission is the governing body of the San Francisco Department of Public Health (SFPDH), and, shall establish policy matters and develop guiding principles and mission for the provision of public health services; and"

"RESOLVED, that the Health Commission endorses the San Francisco CHIP for the purpose of investing and partnering with the community and broader local public health system to address the centrality of equity and health disparities, essential (or critical) to improving population health and wellness."

Commissioner Taylor-McGhee made a motion, seconded by Commissioner Waters, to amend the resolution to add the following language:

"WHEREAS, San Francisco is a culturally diverse city and county whose residents require the provision of culturally and linguistically competent services to achieve optimal health and wellbeing; "

Action Taken: The Health Commission unanimously approved the revised resolution including the two amendments. (See Attachment 1)

8) SFGH REBUILD UPDATE

Terry Saltz, SFGH Rebuild Director, Mark Primeau, DPH Capital Projects, Ron Alameida, Department of Public Works, and Tristan Cook, SFGH Public Relations Director, gave the report.

The Commissioners thanked the team for the presentation.

9) OTHER BUSINESS

JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez, LHH JCC Chair, stated that the Committee met on 1/29/13 and heard a presentation on how LHH achieved, and will sustain, its 5-star status. The Committee also heard a Gift Fund presentation and approved hospital-wide policies and procedures.

COMMITTEE AGENDA SETTING

Commissioner Melara stated that she would like to explore the possibility of televising the Health Commission meetings. Commissioner Taylor-McGhee stated that she supports the idea of televising the Health Commission meetings.

Commissioner Chung stated that not every meeting warrants televised coverage and suggested that the topic be an item on a future Health Commission agenda so that the Commission may engage in a full discussion of the issue.

Director Garcia stated that DPH staff will look into the cost and process of televising the Health Commission meetings.

10) **CLOSED SESSION 5:55pm**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

SETTLEMENT: **Parrish v. CCSF**
 Potascher v. CCSF
 Allen v. CCSF

- D) Reconvene in Open Session

Action Taken: The Health Commission voted not to disclose discussion of the items in Closed Session.

11) **ADJOURNMENT**

The meeting was adjourned at 6:32pm.

**Health Commission
City and County of San Francisco
Resolution No. 13-2
Endorsing San Francisco's Community Health Improvement Plan**

WHEREAS, in accordance with San Francisco City Health Code Section 4.110, the San Francisco Health Commission is the governing body of the San Francisco Department of Public Health (SFPDH), and, shall establish policy matters and develop guiding principles and mission for the provision of public health services; and

WHEREAS, the mission of SFPDH is to promote and protect the health of all San Franciscans; and

WHEREAS, SFPDH is responsible to uphold the 10 Essential Public Health Services defined by the U.S. Centers for Disease Control and Prevention (CDC) as public health activities that should be undertaken by all communities; and

WHEREAS, one of the CDC's 10 Essential Public Health Services is to monitor health status to identify and solve community health problems; and

WHEREAS, SFPDH and its nonprofit and academic partners engaged in an 18-month community-driven health improvement process designed to better population health in the City and County of San Francisco, building on a long-standing history of community health assessment and improvement; and

WHEREAS, San Francisco's community health improvement process engaged more than 700 community residents and local public health system partners to identify health priorities for action; and

WHEREAS, as part of the community health improvement process, SFPDH and its nonprofit and academic partners engaged in a Community Health Assessment (CHA) to determine the health of San Francisco through qualitative and quantitative data; and

WHEREAS, the CHA found that San Francisco is a relatively healthy city and county, though still faces significant health disparities and inequities, particularly within specific subpopulations and neighborhoods; and

WHEREAS, San Francisco is a culturally diverse city and county whose residents require the provision of culturally and linguistically competent services to achieve optimal health and wellbeing;

WHEREAS, San Francisco's community health improvement process embodied the community's health and wellness vision "Healthy People, Healthy Families, Healthy Communities: living, learning, playing, earning in San Francisco" and the foundational values of alignment, health equity, and community connections – all previously endorsed by the San Francisco Health Commission; and

WHEREAS, San Francisco's community health improvement process resulted in a Community Health Improvement Plan (CHIP), a three- to five-year action oriented plan that outlines three priority health issues for San Francisco:

- Ensure Safe + Healthy Living Environments
- Increase Healthy Eating + Physical Activity
- Increase Access to High Quality Health Care + Services; and

WHEREAS, the CHIP includes goals, objectives, indicators, baseline data, targets, strategies, and lead partners to address those priorities to reach the ultimate goal of improved community health; now, therefore, be it

RESOLVED, that the Health Commission endorses San Francisco's CHIP for the purpose of investing and partnering with the community and broader local public health system to address health equity and disparities critical to improving the population health and wellness.

I hereby certify that the San Francisco Health Commission at its meeting of February 5, 2013 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, February 19, 2013, 4:00 p.m.
101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102

1) CALL TO ORDER

2) PROPOSED ACTION:

APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING
OF FEBRUARY 5, 2013.

**Minutes of the meeting of February 5, 2013*

3) FOR DISCUSSION:

DIRECTOR'S REPORT

(Barbara Garcia, Director of Health)

- Legislation
- Programs
- Budget
- Departmental News
- Announcements

**Director's Report*

4) GENERAL PUBLIC COMMENT**

5) FOR DISCUSSION AND
POSSIBLE ACTION:

COMMUNITY AND PUBLIC HEALTH COMMITTEE

6) FOR ACTION:

CONSENT CALENDAR

- RESOLUTION HONORING CATHERINE WATERS

7) FOR DISCUSSION AND
POSSIBLE ACTION:

COMMUNITY INDEPENDENCE PILOT PROJECT; RESOLUTION

(Jo Robinson, Director of Community Behavioral Health Services)

8) FOR DISCUSSION AND
POSSIBLE ACTION:

DPH 2nd Quarter FINANCIAL REPORT

(Greg Wagner, Chief Financial Officer)

9) FOR DISCUSSION AND
POSSIBLE ACTION:

INFORMATION TECHNOLOGY ORGANIZATIONAL INTEGRATION PLAN

(Greg Wagner, Chief Financial Officer)

10) OTHER BUSINESS***

FOR DISCUSSION AND
POSSIBLE ACTION:

JOINT CONFERENCE COMMITTEE REPORTS

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**FOR DISCUSSION AND
POSSIBLE ACTION:**

COMMITTEE AGENDA SETTING

11) CLOSED SESSION

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

LHH Credentials Report

- D) Reconvene in Open Session

12) ADJOURNMENT

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- ** At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- *** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: www.sfgov.org/ethics.

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**HEALTH COMMISSION
CITY AND COUNTY OF SAN
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MINUTES

HEALTH COMMISSION MEETING

**Tuesday, February 19, 2013, 4:00 p.m.
101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102**

1) CALL TO ORDER

Present: Commissioner Sonia E. Melara, MSW, President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner Belle Taylor-McGhee

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The meeting was called to order at 4:03pm.

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2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 5, 2013.

Action Taken: The minutes of the December 18, 2012 Health Commission meeting were unanimously approved.

3) DIRECTOR'S REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

SFGH Honored for Business Leadership

San Francisco General Hospital has been named by Jewish Vocational Services (JVS) of San Francisco as the winner of the 2013 **Business Leadership Award**. This award recognizes business leaders who have stepped forward to help individuals with barriers to employment succeed in today's economic environment. By supporting JVS in its mission of "transforming lives by helping people build skills and find jobs to achieve self-sufficiency," SFGH has employed JVS clients and worked as a collaborative partner with JVS for many years.

Community Clean Team Program

Mayor Ed Lee wants all of us to know about and participate in the 2013 Community Clean Team program. The program partners with volunteers to clean, green, and beautify San Francisco, district by district. The Community Clean Team kicked off a special Chinese New Year celebration in District 6 at U.N. Plaza on Saturday, February 9th. In addition to greening, cleaning and painting over graffiti, the City will offer a Gigantic 3 bulky-item drop-off program at locations in every district over the course of the year. More information can be found online at www.sfdph.org/volunteer

Bleach-free Guidelines Released

The San Francisco Asthma Task Force has released a report, "*2013 Update: Bleach-free Disinfection and Sanitizing for Child Care*," providing child care operators comprehensive information on how to meet infection control regulations with bleach-free products approved for that use. Many child care operators are moving away from bleach as their primary disinfectant and sanitizer because it has been recognized as an *asthmagen*, meaning a substance that can cause new asthma. Asthma is a chronic disease that has been progressively affecting a greater proportion of the US population over the past two decades without a single source of causation.

Grand Opening for New 3rd St Youth Center & Clinic

3rd St Youth Center & Clinic is moving up, growing out of the renovated Bayview liquor store at 5190 3rd Street where we was started seven years ago, into a newly-built custom space at **1728 Bancroft and Third St.**, just four blocks down the street. The clinic and youth center is holding a **Grand Opening on Wednesday February 20th from 4 to 6 p.m.** to celebrate the move and the successful \$800,000 fundraising campaign that made it possible.

Year of the Team in COPC

Community Oriented Primary Care (COPC) coined 2012 the "Year of the Team" as medical assistants, health workers, and other non-licensed primary care staff continued to work hard on acquiring and further developing skills to engage patients and provide higher quality clinical care.

In January 2013, COPC management, with support from the San Francisco Health Plan and UCSF's Center for Excellence in Primary Care, held the very first COPC Clinical Care Assistant Appreciation Event to celebrate their staff's efforts and expanded roles in clinical care teams.

Over 70 clinical staff from all 14 COPC Health Centers attended this inspirational and dynamic event where they met peers from other health centers, and shared experiences and success stories in providing quality patient care through panel management, health coaching, and "Sharing the Care" in clinical care teams.

LHH Observes Black History Month

Laguna Honda Hospital will celebrate Black History Month on February 21 from 1 -5 pm. Staff, residents and community members will participate in a program of music, story-telling, food and poetry in the Pavilion Cafe. The event will include employees from throughout the Department. DPH Community Programs staff member Wanetta Davis will sing the Black National Anthem. Staff members Toni Rucker and Vincent Fuqua will create a story-telling circle where hospital residents can share their life stories. A big thanks to Commissioner Belle Taylor-McGhee and Director Barbara Garcia for offering to kick off the celebration with opening remarks.

Laguna Honda Wellness Council

The Laguna Honda Wellness Council continues to meet regularly to lay the groundwork for a hospital-based program offering classes in yoga, meditation, strength building and other stress reduction techniques open to community members. The Council consists of hospital staff and residents as well as Laguna Honda community partners from Kaiser, the University of California at San Francisco, and the wellness staff from San Francisco International Airport and the Health Service System. The goals of the program are to improve staff wellness and to open the hospital to community involvement. UCSF researchers are developing a survey to establish baseline data on staff wellness at the hospital.

Rebuild Community Meeting & Potrero Avenue Streetscape Workshop

The Commissioners are invited to attend the upcoming **Spring Rebuild Community meeting**, scheduled for **Thursday, March 26, 6:30 – 8 p.m., 2nd Floor Cafeteria, SFGH**. This public meeting is planned to be a very special event. Following the regular Rebuild update and discussion, staff from Public Works, Planning and SFMTA will share their plans for improvements on Potrero Ave. that will coincide with the completion of Rebuild construction. Commissioners, staff, neighbors and patients are invited to share their input on how to make Potrero Ave. safe, beautiful and accessible for patients, visitors, staff and neighbors.

Healthy Homes Assessment for WIC Families

Children's Environmental Health Promotion (CEHP) has partnered with Women, Infants and Children (WIC) Supplemental Nutrition Program to offer healthy homes assessment to WIC families. A first mailing to families in selected zip codes has already received a hearty response, detailing families' issues with pest infestation, mold, lack of heat and lead hazards. CEHP staff will ensure that relevant code enforcement follow up occurs and that families receive education in healthy homes risk factors within their control, knowledge of their housing rights and how to access code enforcement, and referral to other needed support services. In addition, families will be queried about food security, neighborhood social cohesion and other social determinants of health, to establish a profile of healthy neighborhood issues faced by low income families with young children in San Francisco.

Gender Competence and Cultural Humility Training Offered

Commissioner Cecilia Chung will be kicking off two Gender Competence and Cultural Humility training sessions on February 21 and again on March 3, 1-4:40 p.m. at Carr Auditorium on the SFGH campus for DPH civil service and contract staff. The training sessions also include a film viewing of "Transgender Tuesdays: A Clinic in the Tenderloin" by Mark Freeman. Registration is free and education and training credits are available. We are deeply appreciative of Commissioner Chung's support and personal commitment to these training sessions. If any of the Commissioners would like to attend either of these sessions, please let my office know.

The *Please Touch* Community Garden

The beautiful garden located next to 101 Grove Street is having a Garden Tea Party, Saturday, March 2, noon - 4:00. The Commissioners and staff are invited to a festive afternoon with an Alice in Wonderland theme, making this event a perfect opportunity to see how the garden continues to be transformed. There will be demonstrations of ongoing projects like soil building and potato towers, along with an opportunity to see and support upcoming projects such as a greenhouse and a natural building workshop. Those attending will also have the opportunity to participate in a fund-raising auction, enjoy talented performers, and, because it's a Wonderland experience—tea. Email rob@enjoyro.com for more details or to volunteer at the garden.

**COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**

FEBRUARY 2013
Governing Body Report - Credentialing Summary
(1/17/13 BUSINESS-MEC)

	2/2013	07/2012 to 06/2013
New Appointments	4	135
Reinstatements	0	1
Reappointments	33	354
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	5	123
Disciplinary Actions	0	0
Administrative Suspension	0	1
Restriction/Limitation-Privileges	0	1
Deceased		
Changes in Privileges		
Voluntary Relinquishments	10	100
Additions	12	108
Proctorship Completed	19	184

Current Statistics – as of 1/7/2013

Active Staff	531
Courtesy Staff	516
Affiliated Professionals (non-physicians)	241
TOTAL MEMBERS	1288

Applications in Process	31
Applications Withdrawn Month of FEBRUARY 2013	0
SFGH Reappointments in Process 3/2013 to 5/2013	141

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

FEBRUARY 2013

**Health Commission - Director of Health Report
(February 14, 2013 Medical Exec Committee)**

	February	(FY 2012-2013) Month-to-Date
New Appointments	1	5
Reinstatements	0	0
Reappointments	3	26
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	0	11
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	13
Proctorship Extension	0	0

Current Statistics – as of 2/1/2013

Active Medical Staff	35
As-Needed Medical Staff	12
External Consultant Medical Staff	47
Affiliated Professionals	6
TOTAL MEMBERS	100

Applications in Process	1
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4) **GENERAL PUBLIC COMMENT**

There was no general public comment.

5) **COMMUNITY AND PUBLIC HEALTH COMMITTEE**

Commissioner Chung, Committee Chair, stated that the Committee heard a presentation on Community Oriented Primary Care by Dr. Lisa Johnson. The discussion included challenges and initiatives for the year ahead. Commissioner Chung noted that there are currently issues recruiting physicians; part of the remedy is a higher utilization of nurse practitioners to strengthen the overall effectiveness of the care-teams.

6) **CONSENT CALENDAR**

The following was unanimously approved: The Resolution Honoring Catherine Waters, RN, Ph.D.
(See Attachment 1)

7) **COMMUNITY INDEPENDENCE PILOT PROJECT; RESOLUTION**

Jo Robinson, Director of Community Behavioral Health Services, introduced the following members of the team that has planned and implemented the program:

Judge Mary Wiss stated that she has observed greater stability of clients in the community. Instead of a repeated cycle of decompensation, hospitalization, and release to the community, there has been stabilization. She also added that the collaborative effort has been very important for the success of the program.

Ron Patton, San Francisco Public Conservator Office, stated that case management is a key component for the program to be effective. He also stated that it is also important that the program is voluntary.

Kara Chin, San Francisco Public Defender, stated that it is a very innovative program using existing conservatorship services in collaboration with a supportive court and intensive case management. The result is that clients retain their dignity and receive needed support.

Director Garcia stated that this program utilized existing laws to find a method to support participants effectively so they may continue to live in the community with support.

Commissioner Comments/Follow-Up:

Commissioner Chow asked how many clients have participated in the program. Ms. Robinson stated that ten individuals have participated in the program. Ms. Robinson stated that the program is an option that enables participants to remain in the community instead of staying in a locked psychiatric unit.

Commissioner Chung stated that this program is an alternative to Laura's Law which would have been a mandated program. She congratulated the collaborators for their work towards successful client outcomes. She also requested that data be tracked on the long-term outcomes of participants of the program.

Commissioner Sanchez thanked the presenters for their effective collaboration.

Commissioner Taylor-McGhee asked for projections of the number of clients the program may serve and asked how the program will measure success. Ms. Robinson stated that the collaborators do not anticipate that there will be a great volume of need for this program due to the specificity of eligibility and severity of decompensation of participants. She added that stabilization is what the program strives to achieve for its participants.

Commissioner Melara asked how estimates for the cost-savings per participant were calculated. Ms. Robinson stated that client-level utilization data of psychiatric emergency, emergency room visits, and Dore Clinic urgent care visits were used in the cost analysis of the program.

Action Taken: The Health Commission unanimously approved the Resolution Supporting the San Francisco Department of Public Health Participant in the Community Independence Pilot Project (*See attachment 2*)

8) DPH 2nd Quarter FINANCIAL REPORT

Greg Wagner, Chief Financial Officer, gave the presentation.

Director Garcia stated the current issues contained in this report result from an accumulation of several years of structural issues and the cost of the new San Francisco General Hospital, both of which have previously been brought to the attention of the Health Commission. Due to several years of large deficits, the DPH has previously been unable to effectively deal with these issues in its budget. She stated that it is vital in working to solve these budget issues that the DPH be as efficient as possible. She added that she and Mr. Wagner have been working closely with the Mayor's Office and the Controller's Office to address the DPH budget.

Commissioner Comments/Follow-Up:

Commissioner Taylor-McGhee asked if the Mayor's Office will be able to contribute funds towards the solution of the current DPH issues. Mr. Wagner stated that it is unlikely that the DPH would be able to close such a large shortfall through expenditure reductions alone, so a General Fund Supplemental budget request will likely be necessary. He added that the Mayor's Office will want to see all efficiencies made at the DPH-level prior to considering the Supplemental request.

Commissioner Chow stated that the DPH and the Health Commission have anticipated that these structural issues may one day seriously impact the DPH budget. He added that the solution to these issues may impact accessibility and capacity of DPH services.

Commissioner Sanchez thanked Mr. Wagner for an excellent report.

Commissioner Chung stated that it is important to anticipate budget-related issues (e.g. Repair of SFGH elevators) and be proactive in dealing with them so they do not become issues that are so difficult to solve. She asked if it is possible to set aside reserves for hospitals because of the vital purpose they serve at all times to San Francisco. Director Garcia stated that the Mayor and Board of Supervisors are very supportive of the DPH and recognize the importance of its spectrum of care. Director Garcia added that there will have to be some proposed reductions in the DPH budget.

Commissioner Melara encouraged Mr. Wagner and Director Garcia to communicate with the Health Commission as to how it can be helpful in this budget process. She stated that much of the structural issues are related to the cost of City personnel.

9) INFORMATION TECHNOLOGY ORGANIZATIONAL INTEGRATION PLAN

Greg Wagner, Chief Financial Officer, gave the presentation.

Director Garcia stated that a year ago, the DPH hired consultants to assist in analyzing the DPH IT systems to maximize its efficiency and effectiveness. The strategy presented at today's meeting was developed to plan for the future of DPH.

Winona Mindolvich oversees the Applications. She stated that the reorganization will be a chance to increase financial efficiency, patient safety and patient satisfaction.

John Applegarth oversees Clinical Technology Operations. He stated that the reorganization will increase the efficiency of desktop and helpdesk systems. He added that data centers will be consolidated as part of this process.

Antonia Cardona oversees Population Health, Telecom, Budget, and Purchasing and stated that the reorganization will enable the DPH to consolidate duplicative data systems through a web-based system.

Almir Guimaraes oversees Enterprise Technology and is looking forward to the involvement of Executive Staff in decision-making regarding Department-wide IT systems.

Dave Counter oversees It Planning, Vendor, Mgt, and Security.

Craig Holt, the consultant who has been working with DPH on its IT strategic plan, congratulated the IT leadership for their enthusiasm, dedication, and competence.

Commissioner Comments:

Commissioner Chow asked how the DPH will continue its required level of service and data collection throughout its complex system. Mr. Wagner stated that DPH IT has methods of measuring service levels within each Division. He added that Executive leadership will now be involved in making decisions so that tradeoffs concerning resource allocations and service levels are addressed at the executive level of the organization, and using the IT Steering Committee to insure that resources are utilized efficiently and effectively.

Commissioner Chow asked how the DPH is working with the City and County of San Francisco (CCSF) IT planning efforts. Mr. Wagner stated that the DPH has made serious effort to develop its IT plan in alignment with the CCSF It strategy. The DPH plan identifies areas, (e.g. SFGH and LHH IT systems) that need to be distinct from CCSF systems to insure continuity of service in the event of emergencies.

Commissioner Chow stated that the Health Commission will have to consider long-term IT goals when reviewing budget initiatives.

Commissioner Chow asked how the Health Commission will receive updates on the ongoing implementation of the DPH It strategy. Director Garcia stated that the Health Commission will be updated semi-annually on general DPH IT issues. Mr. Wagner stated that when sentinel events occur, they will be brought to the Health Commission for review.

Commissioner Chung asked if the DPH is digitalizing old patient files. Ms. Mindolvich stated that old patient files are being evaluated to determine which data will be scanned and kept in the DPH IT systems.

Commissioner Chung asked for information regarding the use of cloud technology within the DPH IT strategy. Mr. Applegarth stated that virtualized applications save space and cost. The DPH will work with the CCSF contractor that performs the virtualization. Some DPH systems (e.g. SFGH and LHH systems) may need to remain onsite at each campus to insure operation during emergencies.

Commissioner Sanchez stated that he is encouraged by the competency and dedication of the DPH IT staff in this new reorganization.

Commissioner Melara asked for an update on the implementation of the IT Strategic Plan in late summer.

10) OTHER BUSINESS

JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez, who chaired the February 12, 2013 SFGH JCC meeting, stated that the Committee heard an update on the LEAN process which is a Toyota Corporation efficiency model. It also heard reports from the CEO, Chief of Staff, Interim Chief Nursing Officer, and the Quality Council minutes. It also approved the Credentialing Report in closed session. He added that the CEO's report included information that the SFGH Foundation Heroes and Hearts fundraisers were sold out.

COMMITTEE AGENDA SETTING

This item was not discussed.

11) CLOSED SESSION

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

LHH Credentials Report

- D) Reconvene in Open Session

Action Taken: The Health Commission voted not to disclose discussion of the items in Closed Session.

12) ADJOURNMENT

The meeting was adjourned at 6:17pm.

**Health Commission
City and County of San Francisco
Resolution No. 13-3**

RESOLUTION HONORING COMMISSIONER CATHERINE WATERS, RN, Ph.D.

WHEREAS, Catherine Waters, RN, Ph.D. was appointed to the San Francisco Health Commission by Mayor Gavin Newsome in 2008; and

WHEREAS, during her tenure on the Health Commission, she has been a member and later served as Chair of the Community and Public Health Committee and also served as a valued member of the San Francisco General Hospital Joint Conference Committee; and

WHEREAS, she also participated and provided expertise and input as the Health Commission Representative to the San Francisco Health Plan Board of Directors; and

WHEREAS, in 2013, she has served as Health Commission Vice President; now, therefore be it

RESOLVED, that the San Francisco Health Commission honors Catherine Waters for her many years of dedicated public service and for the impactful contributions she has made to the residents of the City and County of San Francisco.

I hereby certify that the San Francisco Health Commission at its meeting of February 19, 2013 adopted the foregoing resolution.

Mark Morewitz
Health Commission Executive Secretary

**HEALTH COMMISSION
City and County of San Francisco
Resolution No. 13-4**

**RESOLUTION SUPPORTING THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH PARTICIPATION IN THE
COMMUNITY INDEPENDENCE PILOT PROJECT**

WHEREAS, California law provides for the conservatorship of individuals who are gravely disabled as a result of mental disorder or impairment by chronic alcoholism; and

WHEREAS, the California Welfare and Institutions Code section 5358 (c) requires conservatees be placed in the least restrictive placement close to his or her home, that is suitable, available and necessary to achieve purpose of treatment; and

WHEREAS, the California Welfare and Institutions Code section 5358 (b) gives a conservator the right, if specified in a court order, to consent to the administration of psychotropic medications, to require the conservatee to receive treatment to remedy or prevent the recurrence of conservatee's grave disability; and

WHEREAS, the San Francisco Superior Court's Community Independence Pilot Project (CIPP) assists gravely disabled individuals using California's conservatorship process to enable participants to live independently and productively in the community by maintaining stability and mental health; and

WHEREAS, the Department of Public Health (DPH) has participated in the CIPP since the planning process begun in the Fall of 2010; and

WHEREAS, CIPP participants meet criteria for conservatorship under California law and agree to the guidelines of the CIPP; and

WHEREAS, the participant's counsel, the District Attorney as counsel for the Deputy Public Conservator, the Court, and community providers must reach consensus to include the participant in the CIPP; and

WHEREAS, the participant is assigned to a DPH, behavioral health intensive case manager,

WHEREAS, DPH provides coordinates care and placement of the participant in the community; and

WHEREAS, initial evaluations of CIIP are demonstrating effective outcomes like maintaining stability in community settings and a decreased use of high-cost services; now, therefore be it

RESOLVED that the San Francisco Health Commission supports Department of Public Health's participation in and the goals of the Community Independence Pilot Project.

I hereby certify that the San Francisco Health Commission at its meeting of February 19, 2013 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, March 5, 2013, 4:00 p.m.

101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102

1) CALL TO ORDER

2) PROPOSED ACTION:

APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING
OF FEBRUARY 19, 2013.

**Minutes of the meeting of February 19, 2013*

3) FOR DISCUSSION:

DIRECTOR'S REPORT

(Barbara Garcia, Director of Health)

- Legislation
- Programs
- Budget
- Departmental News
- Announcements

**Director's Report*

4) GENERAL PUBLIC COMMENT**

5) FOR DISCUSSION AND
POSSIBLE ACTION:

FINANCE AND PLANNING COMMITTEE

6) FOR ACTION:

CONSENT CALENDAR

- MARCH 2013 CONTRACT REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH HEALTH MANAGEMENT ASSOCIATES IN THE AMOUNT OF \$2,464,000 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE HEALTH CARE REFORM READINESS SERVICES, FOR THE PERIOD OF FEBRUARY 3, 2013 THROUGH JUNE 30, 2014 (1 YEAR, 5 MONTHS).

7) FOR DISCUSSION AND
POSSIBLE ACTION:

DPH NON-HOSPITAL EMPLOYEE RECOGNITION AWARDS

8) FOR DISCUSSION AND
POSSIBLE ACTION:

HEALTH COMMISSION MEETING RECORDS

GOVERNMENT
DOCUMENTS DEPT

MAR - 4 2013

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PUBLIC LIBRARY

9) FOR DISCUSSION AND POSSIBLE ACTION: INTEGRATED DELIVERY SERVICE SYSTEM UPDATE
(Tangerine Brigham, Deputy Director and Director of Healthy San Francisco)

10) OTHER BUSINESS***

FOR DISCUSSION AND POSSIBLE ACTION: JOINT CONFERENCE COMMITTEE REPORTS

FOR DISCUSSION AND POSSIBLE ACTION: COMMITTEE AGENDA SETTING

11) ADJOURNMENT

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- ** At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- *** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

Health Commission Agenda

March 5, 2013

Page 2

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org

Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



Edwin M. Lee
Mayor

Tangerine M. Brigham
Deputy Director of Health
Director of Healthy San Francisco

TO: Sonia Melara, MSW, President
and Members of the San Francisco Health Commission

THRU: Barbara A. Garcia, MPA, Director of Health

FROM: Tangerine Brigham, Deputy Director of Health and Director of Healthy San Francisco

RE: Integrated Delivery System Planning Project Update

DATE: March 5, 2013

The attached presentation provides the San Francisco Health Commission with an update on the San Francisco Department of Public Health's (Department) planning process to strengthen and further promote integration of its health care delivery system.

In May 2012, the Department presented its framework for the Integrated Delivery System (IDS) Planning Project. At that time, the Health Commission requested semi-annual updates. At the request of the Health Commission, the December 2012 was rescheduled to accommodate other Health Commission business.

This update reflects the work of IDS Implementation Project Teams, the Communications Committee and the Department's Integration Steering Committee. These efforts are led by:

IDS Implementation Project Team	Chair or Co-Chairs	Staff Support
Case Management	Maria X. Martinez Kathy O'Brien	Lindsey Angelats
Clinical Leadership	Mivic Hirose Irene Sung	Laura Marshall
Disease Prevention and Health Promotion	Tomas Aragon Curtis Chan	Emily Riggs
Innovations in Healthcare	Jo Robinson George Sue	Emily Riggs
Quality and Utilization Management	Kelly Hiramoto Ana Sampera	Laura Marshall
Communications Committee	Tangerine Brigham Michael Brown Barbara Garcia	Amy Shin (Health Management Associates)
DPH Integration Steering Committee	Barbara Garcia	Tangerine Brigham

INTEGRATED DELIVERY SYSTEM IMPLEMENTATION UPDATE

San Francisco Department of Public Health
March 5, 2013

IDS Definition and Shared Goals

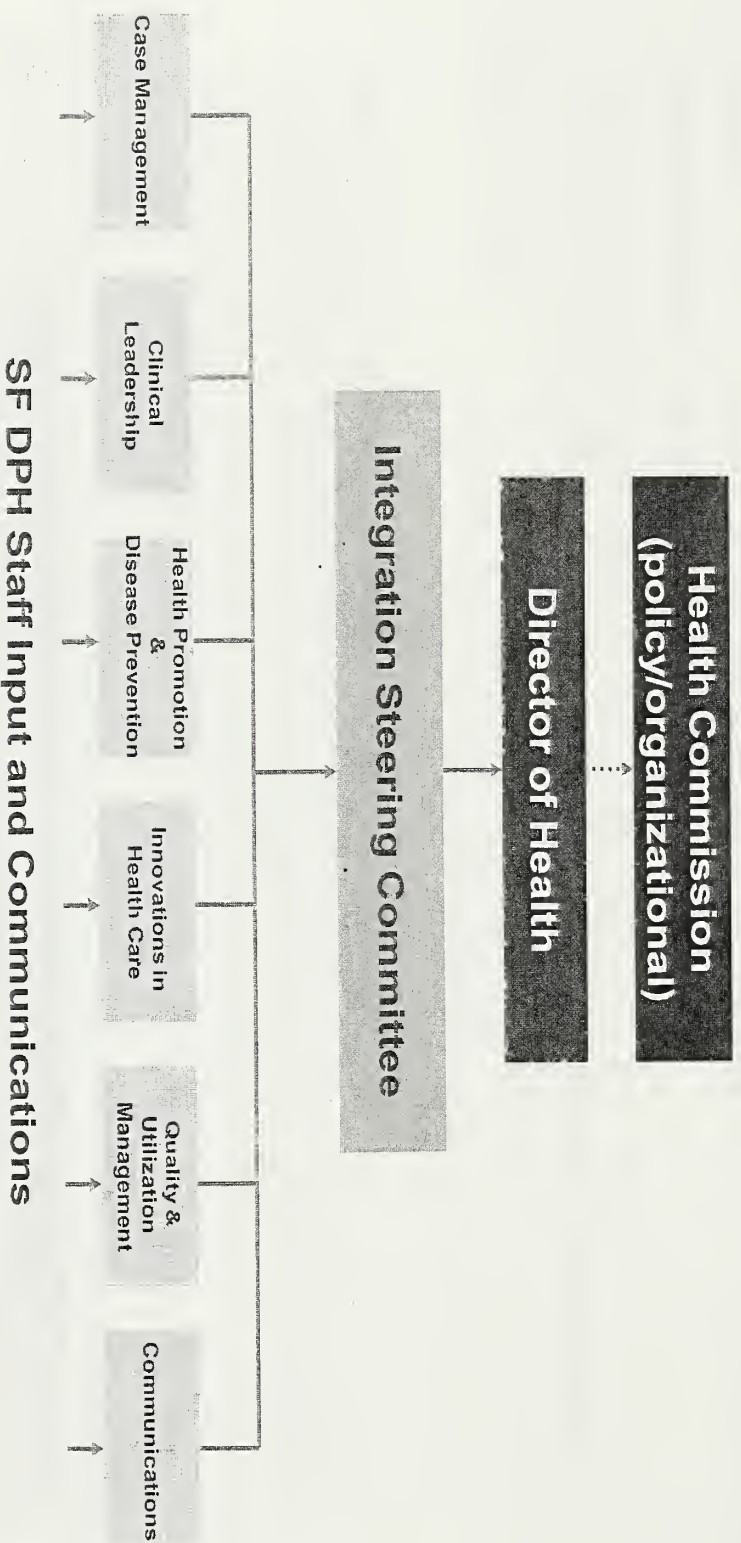
□ Definition

*The San Francisco Department of Public Health's integrated delivery system (IDS) is a **comprehensive** system of care that is **clinically and financially accountable** to provide **coordinated health services** to the diverse and vulnerable individuals it serves and to **improve the health** of their communities.*

□ Shared Goals

- Provide medical/health homes responsible for coordinating preventative, primary, and specialty care
- Reduce misuse, overuse and underuse of services
- Enhance information technology to improve quality of care and decision making
- Manage resources responsibly for the maximum benefit of clients
- Ensure service excellence
- Increase the number of insured patients served

IDS Implementation Structure



IDS Project Lead Meetings – Ensure Coordination During Implementation

- ❑ Multitude of workgroups and recommendations can create potential for overlap
 - ❑ Without coordination = encourages inefficiencies (such as redundancy or conflicting plans)
 - ❑ With coordination = minimizes inefficiencies and potentially leverage efforts for a better, stronger end product
- ❑ The IDS Project Leads and support staff meet monthly in order to:
 - ❑ Obtain updates on the overall IDS project and progress to date on implementation of various recommendations
 - ❑ Have a forum for discussions and the opportunity to collaborate across workgroups
 - ❑ Promote alignment and synergy across implementation plans, prevent duplicative efforts or conflicting plans, and leverage the various efforts in place
 - ❑ Allow project leads to raise issues, concerns, and/or common themes that may be shared by other project teams and can addressed by the larger group

Progress to Date – Case Management

- Planning Recommendations – Modifications and/or Deletions
 - None
- Preliminary Plan/Approach to Project Completion
 - Created five subgroups (IT, Services/Patient Flow, Case Manager Standards / Training, Organizational Structure, Outcomes). Groups will: (1) define scope, (2) approve deliverables and (3) complete deliverables in project plan.
 - Subgroups reviewed the recommendations under their group's purview and begun discussions for implementation strategies; group recommends a phased-in approach
 - Actions to Date:
 - Outlined responsibilities, functions, and organizational placement for director of case management
 - Reviewed and refined an acuity index to identify patients who may benefit from case management services based on their utilization, conditions, and functional status
 - Developed a survey to solicit information on current case management operations to be administered to program directors in key areas of service
- Implementation Challenges
 - IT - Challenge of implementing a new or modifying an existing software product for case managers that successfully facilitates timely information sharing across sites of care
 - Case Manager - Ability to establish foundational shared performance standards for a case management programs with different missions/scope and levels of staff expertise
 - Care Coordination - Transforming the current delivery system into one focused on care coordination across programs and sites of care and anticipating the case coordination needs of those to be newly insured under federal health reform.

Progress to Date – Clinical Leadership

- Planning Recommendations – Modifications and/or Deletions
 - None
- Preliminary Plan/Approach to Project Completion
 - For immediate or urgent needs, established a group email list to use as a communication method to reach out to each other for consult, advice, assistance and/ or guidance related to solving a clinical problem/dilemma/issue
 - For identifying short term and long term needs, team compiled a survey of needs across the system and began prioritizing findings in February 2013
 - To jumpstart the clinical guidelines standardization, four priorities identified: care transitions, expanding LCR functionality, clinical guidelines on prevention, and development of one formulary
- Implementation Challenges
 - Opportunity to streamline and reduce overlap/duplication between IDS workgroups
 - Opportunity to align administrative and clinical priorities
 - Opportunity to spread/share best practices, data reports, operations within different entities/cost centers

Progress to Date – Quality and Utilization Management

7

- ❑ Planning Recommendations – Modifications and/or Deletions
 - ❑ None
- ❑ Preliminary Plan/Approach to Project Completion
 - ❑ Created common definitions of care coordination and high risk/high user clients
 - ❑ Identified gaps in utilization review and care coordination at DPH sites and procedure to address gaps
 - ❑ Recommended common quality, patient satisfaction, and cost-efficiency indicators to be tracked system-wide
 - ❑ Began a pilot of a new Placement Tracking System database for SFGH and LHH
- ❑ Implementation Challenges
 - ❑ Identifying measures and standards that work across varied systems and client populations
 - ❑ Identifying who can take the role of QI & Leadership Training Academy Coordinator since it will not be a position that can be supported in the upcoming budget
 - ❑ IS infrastructure to support client identification, data collection/analysis across DPH systems

Progress to Date – Health Promotion/ Disease Prevention

- Planning Recommendations – Modifications and/or Deletions
 - None
- Preliminary Plan/Approach to Project Completion
 - Establish a Health Promotion & Disease Prevention Leadership Committee to guide the integration of health promotion and disease prevention (HP/DP) into the health care delivery system. The committee will be an ongoing group focused on coordinating HP/DP messaging and culture change
 - Identify at least one concrete project for each of the five HP/DP goals, building on existing work across the department and in other IDS groups to maintain alignment with IDS, the Community Health Improvement Plan and other Department strategic initiatives
 - Implement selected projects in a phased-in approach, documenting and applying lessons learned to refine the overall strategy
- Implementation Challenges
 - Staff and resources for project implementation
 - Coordination with existing projects (avoiding duplication of efforts)

Progress to Date – Innovations in Healthcare

9

- ☐ Planning Recommendations – Modifications and/or Deletions
 - ☐ None
- ☐ Preliminary Plan/Approach to Project Completion
 - ☐ Creating a structure to support innovation (Rec. 35E) centered on an internal Innovations in Healthcare Advisory Group (Rec. 34)
 - ☐ The Advisory group will perform rapid tests of change to refine the structure of by selecting projects from the five priority areas (Rec. 35) and evaluating success in spreading these projects
 - ☐ Identify ways to facilitate communication across DPH of the successes and lessons learned from innovative projects, such as creating a centralized repository of project toolkits on a website
 - ☐ Implementation of the other recommendations flows from the formation of the Innovations in Healthcare Advisory Group with a focus on creating a culture of innovation
- ☐ Implementation Challenges
 - ☐ Culture change towards a “culture of innovation” across the diverse areas of DPH
 - ☐ Creating the space for innovation in current workflows
 - ☐ Providing meaningful support to innovative projects with limited resources

Project Work Plan and Project Portfolio (Samples)

Case Management IDS Project Plan

Key: 0 = Not Started, .5 = In Progress, .75 Draft Complete and Submitted for Review, 1 = Signed

Task #	Task	Start	End	Project Team	Progress	Supporting Rec(s)
1.1	Document responsibilities for administrator with responsibility over case	11/6	12/4	CM Org Structure	100%	CM13
1.2	Organizational chart displaying case management administrator	11/6	12/4	CM- Org Structure	100%	CM13
1.3	MILESTONE 1: CASE MANAGEMENT STRUCTURE SUBMITTED	12/4	12/17	CM- Main Workgroup	100%	CM13
2	MILESTONE 2: CASE MANAGEMENT	12/17		Interrelated Case Management Committee		CM13

IDS Project Portfolio Status

Tip: Double-click project to view and enter associated tasks.

Project	Progress	Start	End	Notes
Quality & Utilization Management Placement Priority (44)	67%	10/15/2012	12/01/2012	
Quality & Utilization Management - U/A Oversight Committee (45)	0%			
Clinical Leadership - Service Excellence: Clinical Integration & Alignment (14)	63%			
Clinical Leadership - CCOO (15)	0%			
Clinical Leadership - Patient Transitions (16)	0%			
Clinical Leadership - Systems Culture (17)	0%			
Clinical Leadership - Change Management (18)	0%			
Innovations in Healthcare - Establish an Innovations in Healthcare Advisory Group (34)	50%	01/01/2013	06/30/2013	
Innovations in Healthcare - Test Projects (35)	12%	10/10/2012	12/06/2012	
CM- Patient Services/Flow	17%	12/19/2012	12/19/2012	
CM- Main Workgroup	14%	12/04/2012	12/04/2012	
CM- IT	0%			
CM- Outcomes	0%			
CM- Trainings/Standards	75%			

IDS Communications Team

11

- ❑ **Project Leads:** Tangerine Brigham/Michael Brown/
Barbara Garcia
- ❑ **Staff Support:** Health Management Associates
(health reform readiness consultant)
- ❑ **Team Members:**
 - ❑ **IDS Implementation Project Team Representatives**
 - Case Management: April Lax
 - Clinical Leadership: Lisa Johnson
 - HPDP: Israel Nieves
 - Innovations in Healthcare: Jennifer Carton-Wade
 - Quality/Utilization Mgmt: Merjo Roca
 - ❑ **Human Resources:** Michael Brown
 - ❑ **Department PIOs** (Rachael Kagan, Eileen Shields & Marc Slavin)
 - ❑ **Line Staff or Mid-Managers**
 - Linda Acosta - LHH
 - Donna D'Cruz - CA
 - Rachael Kagan - SFGH
 - Yete McMahon - CP
 - Israel Nieves - PHP
 - Frank Patt - JHS
 - Julian Philipp - CBHS

“ADAPT in Order to Succeed”

- ❑ Core communication messages under health reform:
 - ❑ Aim High - Focus is on improved patient experience, better health outcomes and efficiency (“Triple Aim”).
 - ❑ DPH is a Choice Provider - The Department must position itself as a provider of choice to help ensure that it continues serving its currently uninsured patients and to help retain funding.
 - ❑ All Points Lead to Integration – The Department must and can meet health reform challenges and opportunities through better service delivery integration.
 - ❑ Paid for Performance - Health care funding will increasingly be tied to meeting specific health outcomes.
 - ❑ Team-Based Care - Health care delivery is changing; it’s about teamwork at all levels across all divisions.

Health Care Reform Readiness Services

- ☐ Health Management Associates retained as consultant through competitive RFQ process
- ☐ Project Kick-Off meeting held February 20, 2013

Category No.	Service Category Title:	Project Lead(s)
1	Change Management and Communications – Affordable Care Act	Tangerine Brigham; Michael Brown; Barbara Garcia
2	Assessment and Transition of DPH Primary Care System to a Patient Centered Medical Homes (PCMH) Model of Care	Alice Chen, MD; Lisa Johnson, MD
3	Development of San Francisco Department of Public Health Managed Care Infrastructure	Tangerine Brigham; Barbara Garcia
4	Financial and Programmatic Sustainability Assessment	Valerie Inouye; Greg Wagner
5	Staffing Plan and Operating Budget for San Francisco General Hospital	Valerie Inouye; Elaine Lee

Intersection of Health Reform Readiness Activities with Other Department Planning

- DPH's Integration Steering Committee will serve as the key planning and monitoring group for IDS and health reform readiness activities

Health Reform Readiness Service Category	Intersection with Existing DPH Activity or IDS Project Teams
Change Management and Communications – Affordable Care Act	IDS Communications Committee
Assessment and Transition of DPH Primary Care System to a Patient Centered Medical Homes (PCMH) Model of Care	DSRIP Primary Care Committee
Development of San Francisco Department of Public Health Managed Care Infrastructure	IDS Utilization and Quality Management IDS Case Management
Financial and Programmatic Sustainability Assessment	DPH Fiscal Officers Committee
Staffing Plan and Operating Budget for San Francisco General Hospital	SFGH Rebuild Oversight Committee SFGH Rebuild Transition Planning Committee

QUESTIONS AND DISCUSSION

San Francisco Health Commission Summary of DPH Non-Hospital Employee Recognition Awards

Direct-Access-To-Housing Support Services Team

Staff: Elyse Miller, David Nakanishi, Jeff Schoenfel, Umecke Cannariato, Christine Odena, Suzanne Hufft, and James Zelaya-Wagner

Direct Access to Housing (DAH) is a supportive housing program with over 1500 units in 35 buildings throughout San Francisco. The Housing Support Services Team provides critical on-site case management services at six buildings, serving 450 of the program's most complex clients in some of the most challenging environments in San Francisco. The team members demonstrates compassion, flexibility, and problem-solving on a daily basis and are models of providing non-judgmental care to marginalized individuals.

Community Health Improvement Planning Leadership Team

Staff: Jim Soos, Lori Cook, Patrick Chang, Patricia Erwin, Karen Pierce, and Maria Martinez

The Community and Health Improvement Planning Leadership Team led the Department of Public Health and more than 700 community and health care partners through a comprehensive community health assessment process resulting in a citywide plan of action for health improvement, called the Community Health Improvement Plan or "CHIP." To complete the CHIP, the team developed, led, and documented a robust strategic planning process that included data collection and analysis; collection of community input through focus groups and town hall meetings; and development of goals, strategies, and indicators to monitor progress. Already, many other local jurisdictions have requested information on San Francisco's community health improvement process as they look to design their own. The work of the Leadership Team prepares the Department of Public Health for public health accreditation by fulfilling two of the three required pre-requisites.

Margaret Fischer, R.D.H.A.P., B.S., Oral Health Consultant CHDP Child Health and Disability Prevention Program and CCHP Child Care Health Program

Margaret works as the Oral Health Consultant for the Children's Health and Disability Prevention Program and the Child Care Health Program of the Department of Public Health Maternal, Child and Adolescent Health Section. In her role, she has worked very effectively and

collaboratively to provide oral health education and dental health screenings for at-risk, 0-5 year old children targeted by the program. Through her dedication, she has sought out additional resources, both volunteer dental professionals and financial support through grants, to assist in promoting and protecting the oral health of these most vulnerable, low-income children along with their teachers and families. Margaret has been the driving force behind the development of a community collaboration, first with the University of the Pacific School of Dentistry and then with the University of California San Francisco School of Public Health Dental Services.

Inez Love, Youth Specialist at the Children's System of Care, a program of Community Behavioral Health Services

Inez works as a Youth Specialist at the Children's System of Care, which is a unique team of case managers and peer parents working in partnership with children, youth, and their families to help them get necessary services. The overall goal of the program is to keep children and youth living at home, in school, and out of trouble.

Through her ambition and innovation, Inez developed a new program called No More Funerals which educates transitional-age youth about how to avoid violence in the community. She also developed and is overseeing the Youth Peer Mentorship Program which provides mentoring to youth who are clients of the Community Behavioral Health System.

Edwin M. Lee
Mayor

Health Commission



TO: Members of the San Francisco Health Commission

FROM: Mark Morewitz, Health Commission Executive Secretary


DATE: March 5, 2013

RE: Consideration of Online Posting of San Francisco Health Commission Meeting Audio Recordings

The information below is provided to assist in your decision regarding whether audio recordings of Health Commission meetings will be posted online.

- Currently, Health Commission meeting audio recordings are maintained by the Executive Secretary and are available to the public upon request.
- Online posting of audio recordings of San Francisco commission and/or advisory body meetings is a free service sponsored by the City and County of San Francisco. Training of the Executive Secretary and relevant DPH IT staff is also offered as a free service.
- The table below lists the current practice of other San Francisco commissions and advisory bodies regarding online posting of audio or video recordings of meetings.

Commission	Posts Media
Airport Commission	Audio
Arts Commission	Audio
City Hall Preservation Advisory Commission	Audio
Commission on Community Investment and Infrastructure	Audio
Commission on the Status of Women	Audio
Entertainment Commission	Audio
Film Commission	Audio
Human Rights Commission	Audio
Juvenile Probation Commission	Audio
Library Commission	Audio
Rent Board	Audio
Southeast Community Facility Commission	Audio
Treasure Island Development Authority	Audio
Youth Commission	Audio
Building Inspection Commission	Video
Environment Commission	Video
Ethics Commission	Video
Health Service Board	Video
Municipal Transportation Agency	Video
Planning Commission	Video
Police Commission	Video
Port Commission	Video

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Edward A. Chow, M.D.
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David J. Sanchez, Jr., Ph.D.
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Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 5, 2013, 4:00 p.m.

101 Grove Street, Room 300 or Room 302

San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner Sonia E. Melara, MSW, President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner Belle Taylor-McGhee

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The meeting was called to order at 4:03pm.

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2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 19, 2013.

Action Taken: The minutes of the February 19, 2013 Health Commission meeting were unanimously approved.

3) DIRECTOR'S REPORT

Colleen Chawla, Deputy Director of Health and Director of Policy and Administration gave the report which can be viewed at:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Michelle Ruggels Wins MFAC Award

Please join me in congratulating Michelle Ruggels, Director of Operations for Community Programs, who is among the winners in this year's prestigious Mayor's Fiscal Advisory Committee (MFAC) Good Government Award presented by SPUR. The Award night is scheduled for **Tuesday, March 19**, at City Hall. Tickets for the event are available at www.spur.org. I urge the Commissioners and staff to attend and support SPUR and Ms. Ruggels for the well-deserved award.

Federal Sequestration Takes Effect on Friday, March 1

On Friday, March 1, federal sequestration, \$85 billion in federal fiscal year 2013 across-the-board budget cuts to government agencies took effect. Sequestration impacts a number of departments and programs across San Francisco, including DPH. We estimate that if fully implemented for the remainder of the federal fiscal year, sequestration will result in a \$6.2 million reduction in federal funds for the Department, including cuts to Medicare, WIC (Women, Infants, and Children nutrition program), CDC-funded education and outreach, and

Substance Abuse and Mental Health Administration (SAMHSA) state grant pass-through funds for substance abuse disorders. Medicaid was specifically exempted from sequestration. We will continue to keep the Commission updated on any developments as they occur.

World Tuberculosis Day, 2013

This is an invitation to the Commissioners to join us for World TB Day on Wednesday, March 19th at City College, 10 a.m. – noon, in the Multi-Use Building on the main campus. The San Francisco Tuberculosis Control Section will be recognizing decades of partnership with the Student Health Center to provide access to TB screening and treatment to thousands of CCSF students. Free screening for TB and viral hepatitis will be provided to students, and a brief update on the state of TB in San Francisco and California will be provided for community partners, the general public, and healthcare providers. We will be joined by TB survivors.

Kelly Cullen Community Grand Opening Scheduled

As reported to the Commissioners in January, the first tenants moved into the new Direct Access to Housing program at Kelly Cullen Community over the New Year's holiday. This unique project partners housing, social work services and a primary care clinic operated by DPH and is designed to help people who face the most complex challenges to live with stability, autonomy and dignity. A Grand Opening ceremony has been scheduled for **Tuesday, March 26, 11 a.m. – 1 p.m., 220 Golden Gate Avenue**. Kelly Cullen Community (KCC) is a 138,023 square foot, 9-story historic mixed-use building constructed in 1909 as a YMCA and now includes 172 units of supportive housing for the chronically homeless.

Project Homeless Connect 48

The next Project Homeless Connect is scheduled for **Wednesday, March 20th** at Bill Graham Auditorium. We are always looking for medical and non-medical volunteers to help with this important event. If the Commissioners, DPH staff, or any members of the public are interested in helping—either a half day or for the whole event—please register at <http://www.projecthomelessconnect.com/>.

Parent Training Institute: Triple P Parenting

The PTI is a program within the Department of Public Health that receives blended funding from First 5, the San Francisco Human Services Agency, and DCYF to oversee the implementation and evaluation of evidence-based parenting programs throughout the City. One of these programs, Triple P Parenting, has been shown to reduce both child behavior problems and child maltreatment. As a result of these positive outcomes, the PTI was awarded the 2011 SAMHSA Science and Service Award for excellence in implementation, and Stephanie Romney, Director of PTI, was invited to deliver the keynote address at the 2013 Helping Families Change Conference in Los Angeles. The presentation, entitled *Evidence-based Implementation of Triple P with Culturally Diverse Families*, is available at www.pti-sf.org.

Estimated HIV Incidence in California, 2006-09

The HIV Epidemiology Section recently published an analysis of HIV incidence in California entitled "Estimated HIV Incidence in California 2006-2009" in the journal *PLoS One*. Working in collaboration with the Los Angeles Department of Public Health and the State Office of AIDS, the SFDPH HIV Epidemiology Section estimated the number and rate of new HIV infections in 2006-2009 including the first estimates of HIV incidence for the State of California. This is also the first time estimates for specific geographic, racial and risk subgroups have been presented in San Francisco and Los Angeles. Among the HIV Epidemiology Section authors on the study are Susan Scheer, Chi-Sheng Chin, and Anthony Buckman. The manuscript is available online at PLOS ONE at <http://dx.plos.org/10.1371/journal.pone.0055002>.

Prevalence and New Diagnoses Maps of HIV/AIDS in San Francisco

The HIV Epidemiology Section has just released forty interactive online maps of the prevalence and new diagnoses of HIV/AIDS in San Francisco. These maps characterize the HIV/AIDS epidemic, including survival and

treatment use, across the diversity of neighborhoods in San Francisco. The interactive maps are available on the SFDPH webpage at <http://sfdph.org/dph/default.asp>.

For additional maps, including HIV/AIDS cases alongside critical resources such as HIV testing, treatment and needle exchange locations, please see the complete HIV/AIDS Atlas at <http://www.sfdph.org/dph/files/reports/RptsHIVAIDS/HIVAIDSAtlas2010.pdf>.

A Prevention Story

On Thursday, February 7th, DPH Infectious Disease investigators asked our Homeless Outreach Team (SF HOT) to help locate a possible meningitis-exposed group of individuals after one member of the group died. The group was reportedly comprised of a number of homeless individuals who drank together daily. Within several critical hours, Anna Branzuela, Infectious Disease Control Investigator, and SF HOT team members, under the leadership of Jason Albertson and Rann Parker—working from knowledge of the individuals' histories in CCMS, the neighborhood dynamics, and street and law enforcement connections—were able to locate and provide prophylactic antibiotics to seven of the eight individuals. The eighth individual was located a few days later, still within the window for prophylaxis. As a result of this successful outcome, a protocol for utilizing SF HOT outreach workers in similar infectious disease situations is under development.

Nursing Departments Prepare for Integration

As part of the Department's transition to integrated service delivery in advance of health care reform in 2014, the Laguna Honda and San Francisco General Nursing Departments will begin quarterly conferences in April to collaborate on organizational efficiencies. The planning for the project has focused on creating systems for communication to support safe patient transfers. The hoped for outcomes are improved patient satisfaction, increased attention to serving each patient at the appropriate level of care and a focus at the nursing level on responsible financial stewardship.

Give Kids a Smile Day at SFGH

National Children's Dental Health Month kicked off on February 1st when the San Francisco Department of Public Health Child Health & Disability Prevention (CHDP) Program and the Child Care Health Project), along with the SF Dental Hygiene Society, partnered once again to bring together multiple community groups to host the 4th annual *Give Kids a Smile Day Event* at the SFGH WIC.

Nation's First Family Planning Program for HIV-Positive Men Launched at SFGH

San Francisco General Hospital and Trauma Center launched the nation's first program to address reproductive options for HIV-positive men who have sex with women, including starting a family. PRO MEN (Positive Reproductive Outcomes for Men) is an initiative of BAPAC (Bay Area Perinatal AIDS Center) based at SFGH's Ward 86 HIV Clinic. It is the first program of its kind to develop reproductive health services specifically for HIV-positive men in the primary care setting. PRO MEN produced a nine-minute video (<http://vimeo.com/54624505>), "HIV Positive Men: Healthy Sex Lives, Healthy Families," based on the experiences of four individuals with issues of HIV prevention, family planning and safer conception options.

Shape Up San Francisco Annual Walking Challenge

The Department is once again inviting the Commissioners and staff to join us for another Shape Up San Francisco Walking Challenge. As the Commissioners may recall, each year we participate in teams or individually and, over the course of 10 weeks (April 1-June 7), set a goal for each team to achieve 1,016 miles—the equivalent of the California coastline. Although the event is called a walking challenge, participation is not limited to walking but can be any physical activity such as swimming, biking, running, dancing, or anything that anyone enjoys. For questions about this year's Walking Challenge, please contact Amy Iacopi, Walking Challenge Coordinator, at shapeupsanfrancisco@gmail.com. The website is <http://shapeupsfwalkingchallenge.org/>. Registration begins Monday, March 11. Team Leaders Orientation will be Wednesday, March 13th, 9:30 a.m. to 11:30 a.m., 25 Van Ness Ave., 3rd Floor, Room 330A.

Genome Girls Prepare for 2013 Avon Walk for Breast Cancer

The Genome Girls started out as a group of co-workers and friends from the UCSF/SFGH Cancer Risk Program, who are now preparing for their fifth participation in the Avon Walk for Breast Cancer scheduled for September 28 & 29. As the Commissioners know, the Avon Foundation has been a huge supporter of breast cancer services for underserved women at San Francisco General Hospital, providing funds in 2002 to build a state-of-the-art digital mammography center at SFGH. The Avon Foundation also helped create the UCSF Cancer Risk Program satellite clinic at SFGH, which was the first program in the country to offer free genetic counseling and genetic testing for women at increased risk for cancer based on hereditary factors.

Ms. Chawla also gave a summary of the agreement between the City of San Francisco and CPMC:

CPMC will rebuild two seismically safe hospitals. The Cathedral Hill hospital will be the CPMC state-of-the-art hub and may have up to 304 beds; this is a decrease from the original plan for 555 beds. The St. Luke's hospital will have 120 beds; this is an increase from the original plan for 80 beds. This hospital will have Centers of Excellence for community health and senior health.

As part of the agreement, CPMC is required to serve a baseline of 30,000 Charity Care patients and 5,400 Medi-Cal patients. It also must endow a \$9 million Healthcare Innovation Fund to increase capacity of community-based clinics and healthcare providers.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if the agreement includes a mandate for CPMC to maintain a certain number of skilled nursing facility (SNF) beds. Ms. Chawla stated that the agreement does not include a mandate for SNF beds.

Commissioner Chow asked whether the agreement mandates that CPMC provide a certain dollar-amount of Charity Care. Ms. Chawla stated that one of the reasons previous attempts at an agreement did not succeed was because of the mandate of specific dollar amounts to be spent on Charity Care. The final agreement mandates a specific number of Charity Care patients for which CPMC must provide services.

Commissioner Chow asked whether the agreement stipulates that the Health Commission will be responsible for monitoring any stipulations of the agreement. Ms. Chawla stated that the Health Commission has authority to monitor healthcare aspects of the agreement for ten years.

4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Chow stated that the Committee recommended that the full Commission approve the March Contracts Report and the new contract with Health Management Associates.

Commissioner Comments/Follow-Up:

Commissioner Sanchez asked if Health Management Associates has conducted similar work in California. Tangerine Brigham, Deputy Director of Health and Director of Healthy San Francisco, stated that the contractor has worked with safety-net systems in San Mateo and Los Angeles; it has also done similar work in Parkland, Texas and New Orleans.

6) **CONSENT CALENDAR**

The following were unanimously approved:

- MARCH 2013 CONTRACT REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH HEALTH MANAGEMENT ASSOCIATES IN THE AMOUNT OF \$2,464,000 WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE HEALTH CARE REFORM READINESS SERVICES, FOR THE PERIOD OF FEBRUARY 3, 2013 THROUGH JUNE 30, 2014 (1 YEAR, 5 MONTHS).

7) **DPH NON-HOSPITAL EMPLOYEE RECOGNITION AWARDS**

The following DPH employees were presented with awards:

The Direct-Access-To-Housing Support Services Team

Elyse Miller
David Nakanishi
Jeff Schoenfel
Umecke Cannariato
Christine Odena
Suzanne Huft
James Zelaya-Wagner

The Community Health Improvement Planning Leadership Team

Jims Soos
Lori Cook
Patrick Chang
Patricia Erwin
Karen Pierce
Maria Martinez

Margaret Fischer, R.D.H.A.P., B.S., Oral Health Consultant for the Child Health and Disability Prevention Program and the Child Care Health Program

Inez Love, Youth Specialist at the Children's System of Care, a program of Community Behavioral Health Services

Public Comment:

Margaret Fischer thanked the Commissioners for the recognition of her work and stated that the award indicates an understanding of the importance of dental care in the spectrum of overall health care. She added that the DPH is working closely with the San Francisco Health Improvement Partnership on a five-year strategic planning process.

Peter Van, coworker of Margaret Fischer, stated that Ms. Fischer impacts system-change by educating nurses and physicians about the importance of dental health in overall health care practice.

8) **HEALTH COMMISSION MEETING RECORDS**

Commissioner Comments/Follow-up:

Commissioner Sanchez requested that the vote on whether the audio of Health Commission minutes should be posted online, be delayed until new Commissioners are appointed so that they make take part in the vote.

Commissioner Chow requested cost estimates for video recordings of Health Commission meetings so that the Commission may consider that medium along with audio in their future discussion and vote.

Commissioner Chung encouraged the Commission to consider criteria to determine whether it is appropriate and necessary to video record each Health Commission meeting.

Commissioner Melara stated that the item is tabled until a future date when new Health Commissioners have been appointed and the DPH can provide a cost estimate of video recording of Health Commission meetings.

9) INTEGRATED DELIVERY SERVICE SYSTEM UPDATE

Tangerine Brigham, Deputy Director and Director of Healthy San Francisco introduced the following DPH staff who joined her in giving the presentation: Lindsey Angelats, Senior Health Program Planner; Laura Marshall, Senior Administrative Analyst; and Emily Riggs, Public Service Trainee.

Commissioner Comments/Follow-Up:

Commissioner Chung asked whether the DPH substance abuse services and primary care program intake procedures will remain separate. Ms. Brigham stated that the intake processes will remain distinct for primary care and substance abuse services; intake procedures are being centralized for DPH community case management services. She added that the DPH is moving towards having one unique identifier per individual so that it will be possible to ascertain whether an individual is already in the DPH system.

Commissioner Chow stated that there is overlap between the processes in which the DPH is undertaking in regard to its Integrated Delivery Service (IDS) System and Health Care Reform preparation. He requested that a timeline with projected dates for accomplishing benchmarks be presented to the Health Commission at the next update.

Commissioner Chung stated that she is glad to see the participation of lower management and direct service staff in the IDS planning process. She requested that Health Commission be kept updated on how well lower management and line-staff are actually understanding and implementing changes motivated by the IDS process.

Commissioner Melara asked if there are projected cost-savings as part of the IDS planning process. Ms. Brigham stated that a large goal of the IDS process is increasing revenue through consumers choosing the DPH as their provider-of-choice. However, it may take several years to get data to indicate specific cost-savings achieved through the IDS process.

Commissioner Melara asked the timeline of when DPH contractors will be brought into the IDS implementation process. Ms. Brigham stated that through IDS process, the DPH will better define the specific services and targeted populations for which it will purchase services. This will impact the choices it makes in its contracting process.

10) OTHER BUSINESS

JOINT CONFERENCE COMMITTEE REPORTS

COMMITTEE AGENDA SETTING

Commissioner Chow requested that the Finance and Planning Committee hear detailed information regarding how the Federal Sequestration may impact the DPH when more information is available.

11) ADJOURNMENT

The meeting was adjourned at 5:43pm.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
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**HEALTH COMMISSION
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**Edwin M. Lee, Mayor
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, March 19, 2013, 4:00 p.m.

101 Grove Street, Room 300 or Room 302

San Francisco, CA 94102

- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 5, 2013.**
**Minutes of the meeting of March 5, 2013*
- 3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Barbara Garcia, Director of Health)
- Legislation
 - Programs
 - Budget
 - Departmental News
 - Announcements
- *Director's Report*
- 4) **GENERAL PUBLIC COMMENT****
- 5) **FOR DISCUSSION AND POSSIBLE ACTION:** **COMMUNITY AND PUBLIC HEALTH COMMITTEE**
- 6) **FOR ACTION:** **CONSENT CALENDAR**
- **RESOLUTION OF COMMITMENT TO TRAUMA CARE AT SFGH**
- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **HEALTH COMMISSION ELECTIONS**
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **RESOLUTION HONORING TANGERINE BRIGHAM**
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** **POPULATION HEALTH AND PREVENTION (PHP) REORGANIZATION PLAN**
(Tomas Aragon, MD, Health Office and Director of PHP)

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10) OTHER BUSINESS***

FOR DISCUSSION AND:
POSSIBLE ACTION:

JOINT CONFERENCE COMMITTEE REPORTS

FOR DISCUSSION AND
POSSIBLE ACTION:

COMMITTEE AGENDA SETTING

11) ADJOURNMENT

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- ** At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- *** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting

room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org

Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

**HEALTH COMMISSION
City and County of San Francisco
Resolution No. 13-05**

**RESOLUTION OF COMMITMENT TO TRAUMA CARE AT
SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**

WHEREAS, San Francisco General Hospital and Trauma Center has a long-standing history of providing comprehensive trauma care to the people of San Francisco; and,

WHEREAS, the City and County of San Francisco is committed to providing high quality trauma care to San Francisco residents by maintaining San Francisco General Hospital and Trauma Center as the designated Level 1 Trauma Center; and,

WHEREAS, the San Francisco Department of Public Health through the Emergency Services section, has officially designated San Francisco General Hospital and Trauma Center as the sole source provider of Level 1 trauma care for the City and County of San Francisco; and,

WHEREAS, the Administration and Medical Staff at San Francisco General Hospital and Trauma Center have, since 1972, cooperated to provide Trauma Center services to the citizens of San Francisco; now, therefore, be it

RESOLVED, that the Health Commission strongly supports the San Francisco General Hospital and Trauma Center as a regional Level 1 Trauma Center and maintains its commitment to providing professional services in accordance with the standards of the American College of Surgeons and California State regulations for trauma centers, Title 22, Division 9, Chapter 7.

I hereby certify that the San Francisco Health Commission at its meeting of March 19, 2013 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission

**Health Commission
City and County of San Francisco
Resolution No. 13-06**

RESOLUTION HONORING TANGERINE BRIGHAM

WHEREAS, Tangerine Brigham has served the City and County of San Francisco for 20 years starting as a policy analyst at the Department of Social Services; and

WHEREAS, Ms. Brigham worked as Department of Public Health Director of Policy and Planning from 1993 through 2001, and returned to serve as the first Director of Healthy San Francisco in 2006; and

WHEREAS, under her leadership, the Department launched the Healthy San Francisco program in 2007, successfully partnering with San Francisco's community clinics, non-profit hospitals, and the San Francisco Health Plan to launch and sustain a nationally-recognized health access program for San Francisco's uninsured; and

WHEREAS, under her leadership, Healthy San Francisco enrolled over 100,000 unique participants, achieved a 94% participant satisfaction rate, and helped achieve clinical and utilization outcomes exceeding that of public insurance programs; and

WHEREAS, under her leadership, the San Francisco Department of Public Health successfully launched San Francisco's Low Income Health Program in July 2011, serving approximately 10,000 uninsured residents in an organized Federal health access program; and

WHEREAS, Ms. Brigham created and led the *Bringing Up Healthy Kids* coalition to expand health insurance to uninsured children and youth and worked on the creation of the San Francisco Health Plan; and

WHEREAS, throughout her career, she secured over \$100 million in federal funding to sustain and improve health care delivery to the uninsured in San Francisco; and

WHEREAS, she led the Integrated Delivery System implementation team to prepare the Department for the opportunities and financing changes presented by federal health reform

WHEREAS, the legacy of Healthy San Francisco exemplifies her commitment to systems integration, service excellence, and innovation in the safety net; and

WHEREAS, Tangerine is leaving City employment in January to serve the Los Angeles County Health Services Department; now, therefore be it

RESOLVED, that the San Francisco Health Commission honors Tangerine Brigham for her outstanding service and leadership.

I hereby certify that the San Francisco Health Commission at its meeting of March 19, 2013 adopted the foregoing resolution.

Mark Morewitz
Health Commission Executive Secretary



POPULATION HEALTH DIVISION

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

TRANSFORMING PUBLIC HEALTH IN SAN FRANCISCO



DPH MISSION: To protect and promote the health of all San Franciscans.

POPULATION HEALTH DIVISION MISSION STATEMENT: Drawing upon community wisdom and science, we support, develop, and implement evidence-based policies, practices, and partnerships that protect and promote health, prevent disease and injury, and create sustainable environments and resilient communities.

POPULATION HEALTH DIVISION VISION STATEMENT: To be a community-centered leader in public health practice and innovation.

GUIDING PRINCIPLES IN THE RE-DESIGN OF THE DIVISION 2012-2015:

- Decide and act as one health department and one division
- Create systems that are community-and client-centered
- Create systems that maximize our collective resources
- Engage stakeholders at all phases
- Protect and promote health equity



PUBLIC HEALTH ACCREDITATION¹ **DOMAINS CATEGORIES**

ASSESSMENT/RESEARCH

POLICY DEVELOPMENT

ASSURANCE

GOVERNANCE, ADMINISTRATION, AND SYSTEMS MANAGEMENT

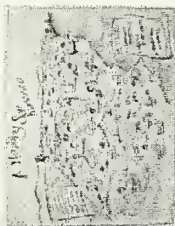
¹ Accreditation signifies that a health department is meeting national standards for ensuring essential public health services that are provided in the community



POPULATION HEALTH DIVISION

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

TRANSFORMING PUBLIC HEALTH IN SAN FRANCISCO



OUR MISSION

Drawing upon community wisdom and science, we support, develop, implement evidence-based policies, practices, and partnerships that protect and promote health, prevent disease and injury, and create sustainable environments and resilient communities.

OUR VISION

To be a community-centered leader in public health practice and innovation.

STRATEGIC DIRECTIONS

1. Superb knowledge management systems and empowered users

ASSESSMENT / RESEARCH

2. Assessment and research aligned with our vision and priorities

POLICY DEVELOPMENT

3. Policy development with collective impact

ASSURANCE

4. Assurance of healthy places and healthy people

GOVERNANCE, ADMINISTRATION, AND SYSTEMS MANAGEMENT

5. Sustainable funding and maximize collective resources

6. Learning organization with a culture of trust and innovation.

GOALS AND OBJECTIVES 2012-2015

GOAL 1 : Build an integrated information and knowledge management infrastructure that enables us to monitor health, to inform and guide activities, and to improve staff and systems performance.

OBJECTIVES:

- 1.1 Build a strong, highly functional information technology (IT) and technical assistance infrastructure in alignment with Department of Public Health IT strategy.
- 1.2 Establish a highly functional, integrated infectious disease system to collect and report data, and to deliver and monitor public health actions.

GOAL 2: Integrate, innovate, improve, and expand efforts in community and environmental assessments, research, and translation.

OBJECTIVES:

- 2.1 Create an action plan that supports division priorities.
- 2.2 Build cross-section interdisciplinary teams to improve health outcomes and programmatic activities.

GOAL 3: Conduct effective policy & planning that achieves collective impact to improve health and well-being for all San Franciscans.

OBJECTIVES:

- 3.1 Establish a division-wide Performance Management, Equity & Quality Improvement Program.
- 3.2 Establish systems and partnerships to achieve and maintain Public Health Accreditation.
- 3.3 Develop a prioritized legislative agenda and strategic implementation plan to address health status and inequities.

GOAL 4: Lead public health systems efforts to ensure healthy people and healthy places

OBJECTIVES:

- 4.1 Establish community-centered approaches that address the social determinants of health and increase population well-being.
- 4.2 Sustain and improve the infrastructure and capacity to support core public health functions, including legally mandated public health activities.

GOAL 5: Increase administrative, financial and human resources efficiencies within the division.

OBJECTIVES:

- 5.1 Establish a centralized business office for the division.
- 5.2 Appropriately address the human resource issues regarding civil service and contract employees.
- 5.3 Establish a centralized grants management and development system for the division.

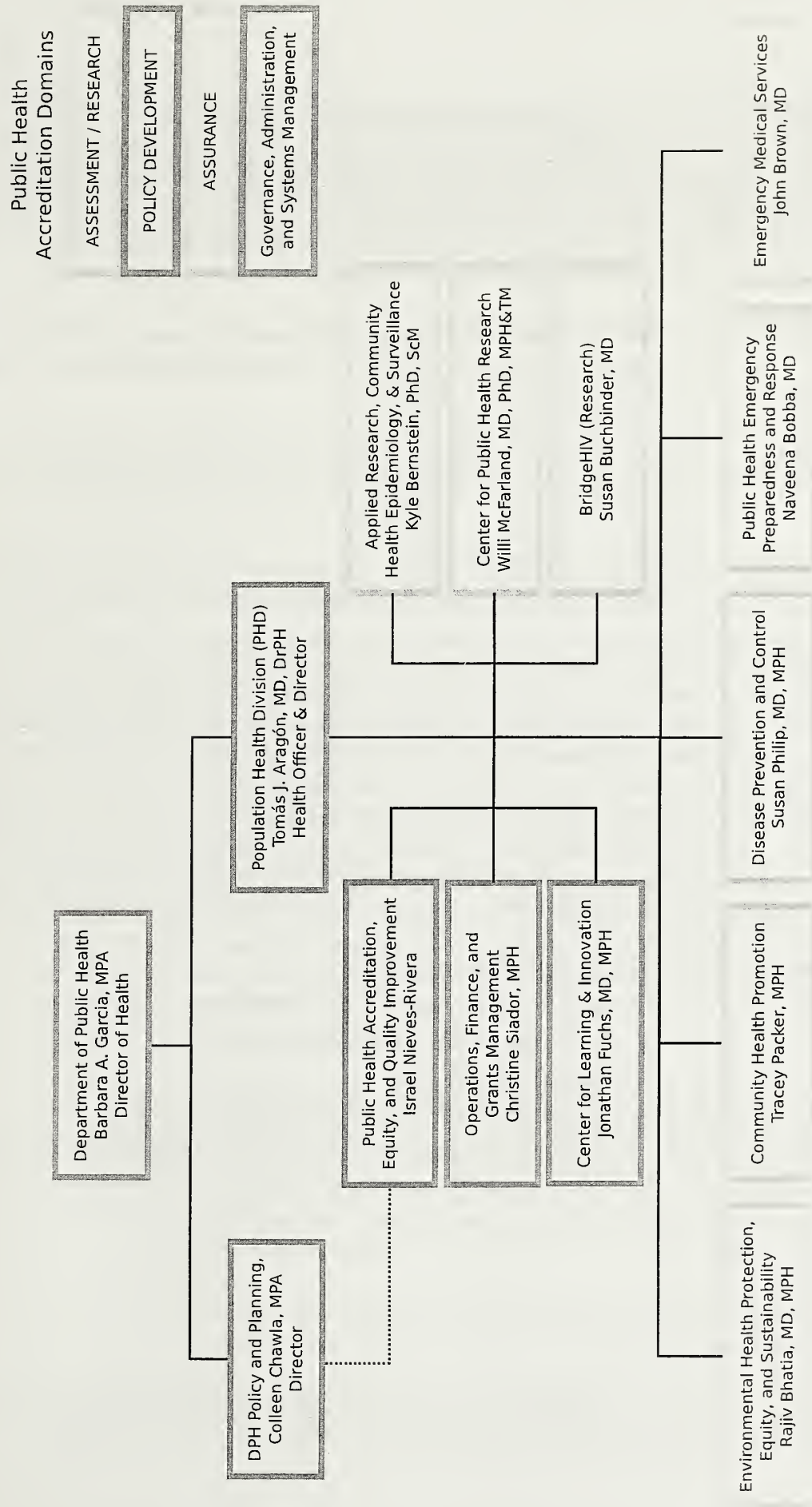
GOAL 6: Build a division-wide learning environment that supports public health efforts.

OBJECTIVE:

- 6.1 Establish a division-wide Workforce Development program.

Population Health Division (PHD) Organization Chart

Updated 2013-03-14



PHA DOMAIN CATEGORY: ASSESSMENT/RESEARCH APPLIED RESEARCH, COMMUNITY HEALTH EPIDEMIOLOGY, & SURVEILLANCE (ARCHES) BRANCH DIRECTOR: Kyle Bernstein, PhD, ScM	
STRATEGIC DIRECTION	Superb knowledge management systems and empowered users
GOAL 1	Build an integrated information and knowledge management infrastructure that enables us to monitor health, to inform and guide activities, and to improve staff and systems performance.
OBJECTIVES² 2012-2015	<p>OBJECTIVE 1.1: Build a strong, highly functional information technology (IT) and technical assistance infrastructure in alignment with Department of Public Health IT strategy.</p> <p>OBJECTIVE 1.2: Establish a highly functional, integrated infectious disease system to collect and report data, and to deliver and monitor public health actions.</p>
DESCRIPTION	<p>This new Branch will coordinate data collection, processing, management, analysis and interpretation related to health and morbidity in San Francisco. Working with private and public clinics, community based organizations, outreach, research, and the laboratories, this Branch will maintain systems to gather, explore, analyze, and present data to inform decision-making to maximize public health. Data across conditions, populations, and health status will be integrated to assess and help solve community health problems; diagnose and investigate health problems and health hazards in the community; evaluate effectiveness of interventions and services, and monitor quality.</p>
FUNCTIONS INCLUDE:	<ul style="list-style-type: none"> • Develop integrated platform • Surveillance of all communicable diseases • Case investigation and case management • Monitor health outcomes • Program evaluation and implementation science • Develop and assess Continuous Quality Improvement measures

² Note all objectives are high level objectives, within each; the division will need to develop Specific, Measurable, Agreed upon, Realistic, Time, Evaluate, Reevaluate (SMARTER) Objectives and a Scope of Work to achieve each of the objectives.

<p align="center">PHA DOMAIN CATEGORY: ASSESSMENT/RESEARCH</p> <p align="center">CENTER FOR PUBLIC HEALTH RESEARCH</p> <p align="center">BRANCH DIRECTOR: Willi McFarland, MD, PhD, MPH&TM</p>	
STRATEGIC DIRECTION	Assessment and research aligned with our vision and priorities
GOAL 2	Integrate, innovate, improve, and expand efforts in community and environmental assessments, research, and translation.
OBJECTIVES 2012-2015	<p>OBJECTIVE 2.1: Create an action plan that supports division priorities.</p> <p>OBJECTIVE 2.2: Build cross-section interdisciplinary teams to improve health outcomes and programmatic activities.</p>
DESCRIPTION	<p>This new Branch will provide expertise in epidemiology, clinical trials, evaluations, and implementation science research. Our focus has been on substance use and HIV, but we also assess and address other infectious diseases including viral hepatitis, sexually transmitted infections, diarrhea, malaria, and other pathogens affecting our city and marginalized populations globally. The Branch will provide SFDPH and its partner's technical training, consultation, expertise, and oversight in population survey design, questionnaire development, data collection modalities, statistical methods, GIS mapping, the conduct of clinical trials, and implementation science. The team is proficient in methodologies to sample and enumerate diverse communities, particularly hidden and hard to reach populations; to conduct cohort studies and pharmacological and behavior intervention trials; and to employ qualitative and mixed methods for health research for disproportionately affected populations in San Francisco and worldwide. Our team brings a wealth of public health research experience from our city and internationally. These focus areas will be leveraged to improve the health of San Francisco and the world.</p>
FUNCTIONS INCLUDE:	<ul style="list-style-type: none"> • Design and implement population-based research health assessments and epidemiological surveys, including cross-sectional and longitudinal studies • Design and implement behavioral, biological, and pharmacological clinical trials for substance use and other risk behaviors • Develop and implement sampling methodologies to obtain robust population samples of hidden, hard-to-reach, and marginalized populations • Provide training, capacity-building, and technical support for quantitative and qualitative research throughout PHD and the city and county of San Francisco • Provide high level statistical support and analyses

PHA DOMAIN CATEGORY: ASSESSMENT/RESEARCH BRIDGE HIV BRANCH DIRECTOR: Susan Buchbinder, MD	
STRATEGIC DIRECTION	Assessment and research aligned with our vision and priorities
GOAL 2	Integrate, innovate, improve, and expand efforts in community and environmental assessments, research, and translation.
OBJECTIVES 2012-2015	OBJECTIVE 2.1: Create an action plan that supports division priorities. OBJECTIVE 2.2: Build cross-section interdisciplinary teams to improve health outcomes and programmatic activities.
DESCRIPTION	<p>Bridge HIV is one of our Branches that provide global leadership in HIV prevention, research, and education. This branch works with local and international scientists and communities to discover effective HIV prevention strategies through research, community partnerships, and educational initiatives. Operating as a clinical trials unit within the San Francisco Department of Public Health and affiliated with the University of California, San Francisco (UCSF), to conduct innovative research that guides global approaches to prevent HIV and AIDS.</p>
FUNCTIONS INCLUDE:	<ul style="list-style-type: none"> • Maintain highest quality HIV prevention clinical trials program • Develop and test integrated prevention strategies including vaccines, PrEP, microbicides, treatment as prevention, HIV/STI testing, couples interventions • Collaborate broadly across disciplines, institutions • Engage Bay Area communities to build research literacy, and inform research • Obtain independent funding for research activities • Mentor diverse population of early career investigators and staff • Disseminate research findings to scientific and general community

PHA DOMAIN CATEGORY: POLICY DEVELOPMENT PUBLIC HEALTH ACCREDITATION, EQUITY, AND QUALITY IMPROVEMENT BRANCH DIRECTOR: Israel Nieves-Rivera	
STRATEGIC DIRECTION	Policy development with collective impact
GOAL 3	Conduct effective policy and planning that achieves collective impact to improve health and well-being for all San Franciscans.
OBJECTIVES 2012-2015	<p>OBJECTIVE 3.1: Establish a division-wide Performance Management, Equity & Quality Improvement Program.</p> <p>OBJECTIVE 3.2: Establish systems and partnerships to achieve and maintain Public Health Accreditation.</p> <p>OBJECTIVE 3.3: Develop a prioritized legislative agenda and strategic implementation plan to address health status and inequities.</p>
DESCRIPTION	<p>This new Branch serves as the principal advisor and coordinator of Division-wide efforts to reduce disparities and improve health equity in San Francisco. The branch will work in partnership with the DPH Policy and Planning Section to develop and implement a legislative agenda; as well as support the health department's efforts to achieve and maintain Public Health Accreditation. Accreditation signifies that a health department is meeting national standards for ensuring essential public health services that are provided in the community.</p>
FUNCTIONS INCLUDE:	<ul style="list-style-type: none"> • Serves as principal advisor across the Division in matters related to health disparities, health equity, and priority population and/or community health • Establishes and manages a division-wide Quality Improvement and Performance Management Program • Provides policy consultation, technical assistance, communication strategies and practice resources for effective public health efforts • Serves as liaison to internal and external stakeholders to foster collaborative activities and strategic partnerships • Consults Federal agencies and other public and private sector agencies and organizations to align local efforts to national strategies, initiatives and health priorities.

PHA DOMAIN CATEGORY: ASSURANCE DISEASE PREVENTION AND CONTROL BRANCH DIRECTOR: Susan Philip, MD, MPH	
STRATEGIC DIRECTION	Assurance of healthy places and healthy people
GOAL 4	Lead public health system efforts to create an upstream approach to ensuring healthy people and healthy places.
OBJECTIVE 2012-2015	<p>OBJECTIVE 4.1: Establish community-centered approaches that address the social determinants of health and increase population well-being.</p> <p>OBJECTIVE 4.2: Sustain and improve the infrastructure and capacity to support core public health functions, including legally mandated public health activities.</p>
DESCRIPTION	<p>This new Branch integrates the core public health communicable disease functions, along with specialty care & treatment, and laboratory diagnostics. The goal is to find opportunities to increase capacity, align services, and deliver effective and efficient services at the client and community level. This branch will also be responsible for interacting with SFDPH Health Delivery Systems in order to coordinate and maximize disease screening and other prevention activities in primary care and the hospitals.</p>
FUNCTIONS INCLUDE:	<ul style="list-style-type: none"> • Specialty Clinics (Immunization and Travel Clinic, STD, and TB) • Public Health Lab • Outbreak Investigation • Partner Services (Partner Elicitation and Notification Services) • Linkage and Health Navigation Services • Clinical preventative services (providing education and technical assistance to promote clinical prevention best practices) • Direct Observed Therapy • Case management • Expert clinical and laboratory consultation • Coordinate efforts with other PHD Branches

<p align="center">PHA DOMAIN CATEGORY: ASSURANCE</p> <p align="center">COMMUNITY HEALTH PROMOTION</p> <p align="center">BRANCH DIRECTOR: Tracey Packer, MPH</p>	
STRATEGIC DIRECTION	Assurance of healthy places and healthy people
GOAL 4	Lead public health system efforts to create an upstream approach to ensuring healthy people and healthy places.
OBJECTIVE 2012-2015	OBJECTIVE 4.1: Establish community-centered approaches that address the social determinants of health and increase population well-being.
DESCRIPTION	This new Branch integrates the core public health functions of informing, educating and empowering community. The goals are to improve and sustain community health and work towards health equity through sustainable change approaches, mobilization and community partnerships. Through the use of comprehensive approaches across the spectrum of prevention, the branch will continue to plan, implement, and evaluate prioritized community initiatives, including promoting active living, decreasing HIV, sexually transmitted infections, viral hepatitis, and effects of trauma.
FUNCTIONS INCLUDE:	<ul style="list-style-type: none"> • Community and stakeholder engagement • Community based testing and vaccination programs and projects • Community based prevention programs and initiatives • Community capacity building and service alignment • Effective, efficient, and culturally appropriate data-driven approaches • Community planning • Sexual health initiatives • Social marketing and social media • Sustainable community initiatives

<p align="center">PHA DOMAIN CATEGORY: ASSURANCE</p> <p align="center">ENVIRONMENTAL HEALTH PROTECTION, EQUITY, AND SUSTAINABILITY</p> <p align="center">BRANCH DIRECTOR: Rajiv Bhatia, MD, MPH</p>	
STRATEGIC DIRECTION	Assurance of healthy places and healthy people
GOAL 4	Lead public health system efforts to create an upstream approach to ensuring healthy people and healthy places.
OBJECTIVE 2012-2015	<p>OBJECTIVE 4.1: Establish community-centered approaches that address the social determinants of health and increase population well-being.</p> <p>OBJECTIVE 4.2: Sustain and improve the infrastructure and capacity to support core public health functions, including legally mandated public health activities.</p>
DESCRIPTION	This Branch will implement San Francisco's environmental policies and laws and innovate new policies and programs to ensure safe and nutritious food, quality housing, livable neighborhoods and protection from air pollutants, excessive noise and hazardous chemicals.
FUNCTIONS INCLUDE:	<ul style="list-style-type: none"> • Monitoring and enforcement of local and state laws for: <ul style="list-style-type: none"> ◆ Food safety ◆ Housing habitability ◆ Neighborhood sanitation ◆ Noise ◆ Indoor air pollutants ◆ Vector control ◆ Chemical hazards ◆ Tobacco sales • Monitoring of community-level social and environmental determinants of health and well-being • Implementation of comprehensive interventions to improve: <ul style="list-style-type: none"> ◆ Community food security ◆ School food quality ◆ Asthma morbidity • Support of interagency partnerships for: <ul style="list-style-type: none"> ◆ Sustainable land use development ◆ Sustainable transportation projects ◆ Park renovations and green connections ◆ Pedestrian and bicycle safety ◆ Prevention of labor law violations ◆ Government transparency

PHA DOMAIN CATEGORY: ASSURANCE

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE (PHEPR)

BRANCH DIRECTOR: Naveena Bobba, MD

STRATEGIC DIRECTION	Assurance of healthy places and healthy people
GOAL 4	Lead public health system efforts to create an upstream approach to ensuring healthy people and healthy places.
OBJECTIVE 2012-2015	OBJECTIVE 4.2: Sustain and improve the infrastructure and capacity to support core public health functions, including legally mandated public health activities.
DESCRIPTION	This Branch serves the public, Department of Public Health (DPH), and partners by coordinating health emergency preparedness, response, and recovery efforts. The branch staff acts as stewards through strategic planning, efficient allocation of resources, and leveraging of SFDPH and citywide capabilities. PHEPR promotes a culture of preparedness to ensure that in an emergency disease and injury are prevented and accessible, timely, and equitable health and clinical services are available.
FUNCTIONS INCLUDE:	<ul style="list-style-type: none">• Focus on all-hazards public health preparedness and response planning for San Francisco and DPH• Ensure that all populations are equally served• Work collaboratively with partners• Ensure transparency in goals, resources, and activities• Integrate a culture of preparedness into everyday operations• Empower SFDPH staff, partners, and San Francisco community to respond effectively• Represent the Department through responsiveness, organization, and effectiveness in accomplishing our goals

PHA DOMAIN CATEGORY: ASSURANCE EMERGENCY MEDICAL SERVICES BRANCH DIRECTOR: John Brown, MD	
STRATEGIC DIRECTION	Assurance of healthy places and healthy people
GOAL 4	Lead public health system efforts to create an upstream approach to ensuring healthy people and healthy places.
OBJECTIVE 2012-2015	OBJECTIVE 4.2: Sustain and improve the infrastructure and capacity to support core public health functions, including legally mandated public health activities.
DESCRIPTION	This Branch is tasked with the oversight of Emergency Medical System (EMS) protocol and policy pursuant to Title 22 Division 9 of the California Code of Regulations, Division 2.5 of the California Health and Safety Code and Article 14 of the San Francisco Health Code to provide high quality, accessible emergency medical care in both normal operations and disaster settings.
FUNCTIONS INCLUDE:	<ul style="list-style-type: none"> • Certification of Emergency Medical Technicians (EMT) • Accreditation of Paramedics • Inspection of ambulances • Designation of hospitals as Receiving Hospitals and Specialty Centers • Designation of other ambulance receiving facilities such as sobering centers • Review of the impact of emergency department closures ("Prop Q" hearing preparation) and addition or moving of emergency department facilities • Development of treatment protocols for all levels of pre-hospital providers (EMTs and Paramedics) • Certification of pre-hospital provider training and continuing education programs • Certification of operation (maintenance of an exclusive operating area) for pre-hospital provider agencies (SF Fire Department, Division of Communications 911 Center, private ambulance companies) • Development of policies for pre-hospital providers including operations, communications, direct medical oversight (base hospital functions), quality improvement and multi-casualty incident management (disasters) • Development and maintenance of a local trauma care plan • Development and maintenance of a local EMS plan • Oversight of medical care provided by ground and air ambulance services for inter-facility transfer of patients • Administration of the EMS Fund • Oversight of Automatic External Defibrillator programs • Provision of Medical Health Operational Area Coordination in disasters where out-of-county health resources are required

PHA DOMAIN CATEGORY: GOVERNANCE, ADMINISTRATION, AND SYSTEMS MANAGEMENT

OPERATIONS, FINANCE, AND GRANTS MANAGEMENT

BRANCH DIRECTOR: Christine Siador, MPH, Deputy Director PHD

STRATEGIC DIRECTION	Sustainable funding and maximize collective resources
GOAL 5	Increase administrative, financial and human resources efficiencies within the division.
OBJECTIVES 2012-2015	<p>OBJECTIVE 5.1: Establish a centralized business office for the division.</p> <p>OBJECTIVE 5.2: Appropriately address the human resource issues regarding civil service and contract employees.</p> <p>OBJECTIVE 5.3: Establish a centralized grants management and development system for the division.</p>
DESCRIPTION	<p>This new Branch integrates core administrative, operations and fiscal functions across all PHD Branches. The goal is to increase capacity and efficiency of administrative functions by pooling and cross-training administrative staff. This will allow for equitable administration across Branches. This branch will also establish a Performance Management System by which the Division aligns resources, systems and employees to strategic objectives and priorities. The goal of the performance management system will be to encourage, support and reward good performance.</p>
FUNCTIONS INCLUDE:	<ul style="list-style-type: none">• Fiscal management• Grants/Contracts development, set-up & administration• Human Resources coordination• Purchasing• Payroll coordination• Fund development coordination & management• Project management• Performance Management

PHA DOMAIN: GOVERNANCE CATEGORY, ADMINISTRATION, AND SYSTEMS MANAGEMENT

**CENTER FOR LEARNING AND INNOVATION
BRANCH DIRECTOR: Jonathan Fuchs, MD, MPH**

STRATEGIC DIRECTION	Learning organization with a culture ³ of trust and innovation.
GOAL 6	Build a division-wide learning environment that supports public health efforts.
OBJECTIVE 2012-2015	OBJECTIVE 6.1: Establish a division-wide professional development program.
DESCRIPTION	This new Branch will lead and coordinate professional development activities across the Division to assure a competent public health workforce. The Branch will create novel training opportunities for internal and external groups and develop the workforce of tomorrow by implementing a Division-wide Health Equity Fellows program.
FUNCTIONS INCLUDE:	<ul style="list-style-type: none"> • Prioritize and integrate professional development to build staff capacity • Inventory employee skills to develop tailored training approaches that will meet individual branch and collective Division needs • Convene a Division-wide Training Working Group that will identify best practices and develop plans to address cross-cutting training needs • Maintain a robust learning management system that will closely track training requirements for PHD employees and deliver distance learning • Support a culture of learning, strategic planning through interdisciplinary grand rounds • Foster coaching and career mentorship through informal and formal mechanisms • Maintain strong linkages with local academic partners (e.g., City College of San Francisco) to inform their public health-focused educational efforts • Create a Health Equity Fellows program to create meaningful internship opportunities for graduate and undergraduate candidates that will combine training and mentored projects • Offer and coordinate technical assistance to external partners in Division-wide areas of expertise • Communicate internal and external training opportunities through an interactive website, email, newsletters, and social media

³ Organizational Culture: A supportive, innovative, trusting, equitable, and adaptable working environment

THE NEW SFDPH POPULATION HEALTH DIVISION: *Transforming Public Health in San Francisco*

Tomás J. Aragón, MD, DrPH

March 12, 2013

The San Francisco Department of Public Health (SFDPH), Division of Population Health and Prevention (PHP) is re-organizing into the new **Population Health Division**. The SFDPH mission is *“To protect and promote the health of all San Franciscans.”* Our vision is *“To be a community-centered leader in public health practice and innovation,”* and our mission: *“Drawing upon community wisdom and science, we support, develop, and implement evidence-based policies, practices, and partnerships that protect and promote health, prevent disease and injury, and create sustainable environments and resilient communities.”*

The reorganization will (1) integrate health assessment, surveillance, epidemiology, and informatics to support division, departmental, and citywide efforts; (2) integrate communicable disease prevention and control services; (3) integrate specialists in community engagement, planning, and mobilization to focus on health promotion and health education in communities; and (4) create a division-wide infrastructure to support professional development, continuous quality improvement, grant development and management, operations and fiscal efficiency, and public health accreditation.

Why reorganize?

For many years PHP consisted of autonomous sections that reported directly to the Health Officer: Community Health Promotion and Prevention, Environmental and Occupational Health, Public Health Emergency Preparedness and Response, Public Health Laboratories, Communicable Disease Control and Prevention, STD Prevention and Control, Tuberculosis Control, HIV Surveillance and Epidemiology, HIV Prevention, and HIV Research (now BridgeHIV). Most of our funding and activities have been categorical (disease-focused) and we have been successful in leading the nation in practice innovations and research. In spite of these strengths, our categorical structure, and lack of infrastructure to coordinate and align activities, has severely limited our ability to adapt and respond to a rapidly changing external environment.

The nationally recognized “Triple Aim” (Figure 1 on page 4) provides a framework for assessing and categorizing the “triple threat” we face: emerging changes in public health and health care **problems**, **practices**, and **financing**. By reorganizing, we are strategically positioning ourselves to not only survive and thrive, but to embrace and respond to public health **leadership opportunities**.

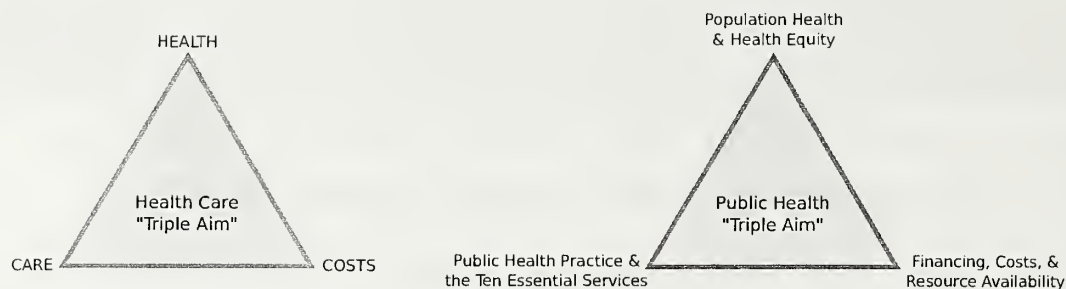


Figure 1: The Health Care Triple Aim is a framework for improving health, care, and costs; likewise, the Public Health Triple Aim is a framework for assessing and improving (a) population health and health equity, (b) public health practice and the ten essential services, and (c) financing, costs, and resource availability (e.g., trained workforce).

(1) Responding to emerging public health problems

With the exception of HIV/AIDS and viral hepatitis, infectious diseases are no longer leading causes of morbidity and mortality. The emerging and persistent public health problems include: epidemic of adult and youth obesity, and its complications (e.g., childhood Type 2 diabetes and hypertension); ethnic, economic, and neighborhood health inequities; and an aging population. We increasingly recognize how the social, economic, built environment, and childhood adverse events greatly influence health throughout the lifespan. We are shifting our emphasis from almost exclusively treating and preventing diseases, to also protecting and promoting health and wellness.

(2) Responding to changing public health practice

Public health practice is changing: we are moving from reacting to event-driven triggers (e.g., reportable communicable diseases and outbreaks) to proactive, community-centered assessments, policy development, policy solutions, and enforcement. While health care services are moving to patient-centered homes, public health is similarly moving to community-centered, “health in all policies” approaches. Epidemiology, a basic science of public health, is expanding to include public health informatics, knowledge management, and strategic decision support. Our skills now include health impact assessments (HIAs), multi-criteria decision making, social network analysis, and system dynamics and epidemic modeling. Public health accreditation requires comprehensive community health engagement and assessments, community health improvement planning, departmental strategic planning, performance management and continuous quality improvement systems, and operational plans to address health equity and social determinants of health. These changes are also being driven by national and state guidelines and priorities: The National Prevention Strategy, National Strategy for Quality Improvement in Health Care, Healthy People 2020, and Let’s Get Healthy California.

The Health Information Technology for Economic and Clinical Health Act, abbreviated

HITECH Act, was enacted under Title XIII of the American Recovery and Reinvestment Act of 2009. Under the HITECH Act, the United States Department of Health and Human Services is spending \$26 billion to promote and expand the adoption of health information technology (HIT). This IT investment in health care services has the potential to leave public health IT behind. We must modernize our information systems and leverage the investments in HIT.

We will be developing an integrated data solution for communicable disease surveillance. This will help us achieve the following: (a) Client-centered system (a person or a case is only registered once); (b) Integrated and improved DPH IT support of one system; (c) Improved data exchange and sharing among public health investigators; (d) Integration with eClinicalWorks (new electronic health record); (e) Improved security settings and user authorizations; (f) Integrated electronic laboratory reporting (ELR); (g) Integrated system for case management, contact tracing, and outbreak management; (h) Secure access point for providers (hospitals, clinics, laboratories) to view reported cases; and (i) health care reform and Meaningful Use requirements.

(3) Responding to changing public health financing

The Patient Protection and Affordable Care Act (ACA) not only increases access to health care, but also places greater emphasis on disease prevention and health promotion to control costs. In the U.S. the ACA Public Health and Prevention Fund is supporting the following: help control the obesity epidemic; fight health disparities; detect and quickly respond to health threats; reduce tobacco use; train the nation's public health workforce; modernize vaccine systems; prevent the spread of HIV/AIDS; increase public health programs' effectiveness and efficiency; and improve access to behavioral health services. In San Francisco we are the recipient of a 5-year \$4 million Community Transformation Grant (CTG) to increase healthy eating and active living, to reduce exposure to secondhand smoke in multi-unit housing, and to develop clinic-community partnerships to reduce high cholesterol and blood pressure.

With these changes in funding priorities we anticipate reductions in disease-specific, categorical funding, with possible increases in prevention and wellness funding (e.g., CTG). We need to be organized and ready to pursue and secure new funding opportunities for disease prevention and health promotion in the community and clinics.

(4) Responding to public health leadership opportunities

All these changes in public health problems, practice, and funding require us to reorganize. However, this is also an opportunity for us to become the leaders of change and of our destiny. Through our collective leadership and commitment we will accomplish the following:

- Build an integrated information and knowledge management infrastructure that enables us to monitor health, to inform and guide activities, and to improve staff and systems performance.

- Integrate, innovate, improve, and expand efforts in community and environmental assessments, research, and translation.
- Conduct effective policy and planning that achieves collective impact to improve health and wellness, and health equity for all San Franciscans.
- Lead public health systems efforts to ensure healthy people and healthy places (Figure 2).
- Increase administrative, financial and human resources and efficiencies within the division.
- Build a division-wide learning environment and professional development program that supports public health efforts.

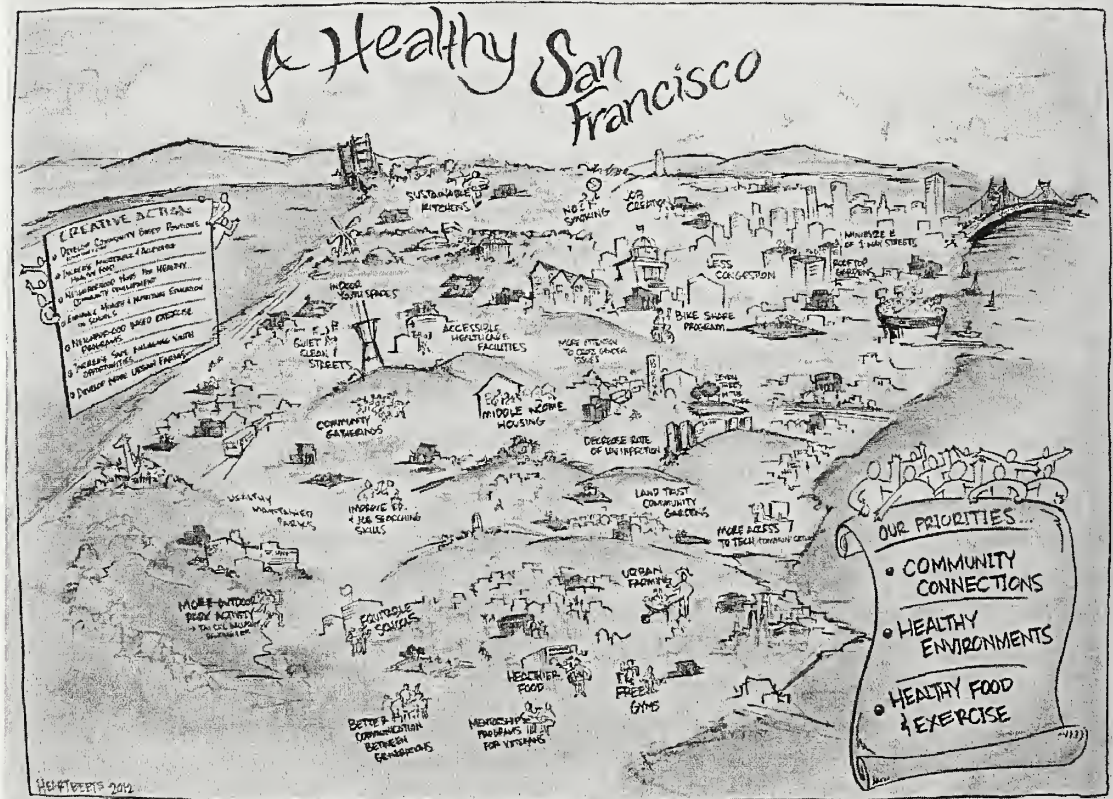


Figure 2: SFDPH Population Health Division—Transforming Public Health in San Francisco!

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Commissioner

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 19, 2013, 4:00 p.m.

101 Grove Street, Room 300 or Room 302

San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner Sonia E. Melara, MSW, President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner Belle Taylor-McGhee

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MAR 29 2013

The meeting was called to order at 4:06pm.

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2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 5, 2013.

Action Taken: The minutes of the March 5, 2013 Health Commission meeting were unanimously approved.

3) DIRECTOR'S REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

National Association of County and City Health Officials Awards SFDPH "Model Practice" Designation

On March 13, 2013, the National Association of County and City Health Officials (NACCHO) awarded the San Francisco Department of Public Health (SFDPH) the designation of "Model Practice" for its successful local health department/nonprofit hospital partnership, key in completing recent and past community health improvement processes. A team from DPH will present the Model Practice at the NACCHO's 2013 Annual Conference, which will take place in Dallas, TX, July 10-12, 2013. To learn more about San Francisco's recently-completed community health improvement process and Community Health Improvement Plan (CHIP), go to SFDPH website.

Update on Conference on Retroviruses and Opportunistic Infections (CROI)

Bridge HIV was well-represented at the 20th Conference on Retroviruses and Opportunistic Infections (CROI) March 3-6 in Atlanta, GA. The opening workshop focused on engaging new investigators and trainees in the HIV research topics discussed at the conference. Susan Buchbinder, MD, who is also on the organizing committee, provided an overview of the major HIV prevention questions for 2013. These include understanding and addressing disparities, designing and testing interventions for the largest impact that are

scalable, and integration of clinical trial and modeling of where the epidemic is heading. Presentations are available for viewing on the CROI 2013 conference website (<http://retroconference.org/>).

Patient Safety Awareness Week

Congratulations to Thomas Holton, *Patient Safety Officer*, SFGH and Janet Kosewic, *Associate Patient Safety Officer*, SFGH, whose articles were accepted for publication by the National Association of Public Hospitals. Mr. Holton's article discussed the hospital's efforts to reduce hospital-acquired pressure ulcers and falls with harm. The article is a quick and lively read and available at

<http://www.naph.org/Main-Menu-Category/Newsroom/Safety-Net-Matters-Blog/How-participating-in-the-NSN-has-raised-awareness-about-patient-safety-issues-in-our-hospital.aspx>

Ms. Kosewic is leading SFGH's effort to reduce patient falls with injuries by 40% by the end of December 2013. Read more about how storytelling brought the team together and strengthened their resolve to work to reduce falls.

<http://www.naph.org/Main-Menu-Category/Newsroom/Safety-Net-Matters-Blog/Sharing-patient-fall-stories-at-San-Francisco-General-Hospital-and-Trauma-Center.aspx>

We Can Chinese Families Workshop Series to Begin

Chinatown Public Health Center will be launching the We Can Chinese Families Workshop series on March 23, April 13 and April 20, at 2:30 p.m.-5:00 p.m. at Chinatown YMCA. This bilingual nutrition and physical activity program focuses on obesity prevention in the Chinese community, using the traditional Chinese family concept to involve the whole family to learn and adopt a healthy eating and active living lifestyle together. A youth, children and parent session will be conducted concurrently. The *We Can!*[®] Afterschool Program launched at five elementary schools on March 18th to help children ages 8-13 to maintain a healthy weight. The program runs for six weeks.

Tools for Change Conference: A Conference to Help with Reducing Stigma and Discrimination of Mental Illness

The inaugural 2013 *Tools For Change: Freeing Our Communities from the Stigma of Mental Illness*, is a conference scheduled for March 21-22 at the Westin Hotel in Millbrae organized by the Center for Dignity, Recovery & Stigma Elimination, a project of the Mental Health Association of San Francisco in partnership with the California Mental Health Services Authority. The aim of the conference is to help communities find long term ways to reduce the stigma and discrimination of mental illness. For information, visit the conference link at <http://www.mentalhealthsf.org/stigma-conference/>.

Sequestration to Affect Social Security Applicants and Disability Claims

On March 7th, the Acting Commissioner for the Social Security Administration, informed us that due to sequestration, clients will begin seeing delays in Social Security's ability to respond to requests and claims. In a letter to agencies, Acting Commissioner Carolyn W. Colvin, informed us that, "As a result of sequestration, visitors in our field offices will wait significantly longer, and callers to our 800-number will wait almost 10 minutes for us to answer. We also estimate that pending levels of initial disability claims will rise by over 140,000, and, on average, applicants will have to wait about two weeks longer for a decision on an initial disability claim and nearly a month longer for a disability hearing decision. At this time, we are taking every step to mitigate the effects of these cuts on our service delivery to the American public. We will try to prioritize our reductions to avoid furloughs that would further harm services and program integrity efforts; however, the possibility of furloughs remains uncertain at this time."

**COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**

March 2013
Governing Body Report - Credentialing Summary
(2/11/13 BUSINESS-MEC)

	3/2013	07/2012 to 06/2013
New Appointments	8	143
Reinstatements	0	1
Reappointments	31	385
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	13	136
Disciplinary Actions	0	0
Administrative Suspension	0	1
Restriction/Limitation-Privileges	0	1
Deceased		
Changes in Privileges		
Voluntary Relinquishments	7	107
Additions	10	118
Proctorship Completed	29	213

Current Statistics – as of 2/4/2013

Active Staff	528
Courtesy Staff	518
Affiliated Professionals (non-physicians)	243
TOTAL MEMBERS	1,289

Applications in Process	30
Applications Withdrawn Month of March 2013	0
SFGH Reappointments in Process 4/2013 to 6/2013	153

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

March 2013

**Governing Body Report - Credentialing Summary
(March 14, 2013 Medical Exec Committee)**

	March	(FY 2012-2013) Month-to-Date
New Appointments	0	5
Reinstatements	0	0
Reappointments	3	29
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	0	11
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	1	14
Proctorship Extension	0	0

Current Statistics – as of 3/1/2013

Active Medical Staff	35
As-Needed Medical Staff	12
External Consultant Medical Staff	47
Affiliated Professionals	6
TOTAL MEMBERS	100

Applications in Process	1
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4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) **COMMUNITY AND PUBLIC HEALTH COMMITTEE**

Commissioner Chung, Committee Chair, stated that the Committee heard comprehensive updates on Tuberculosis and DPH activities regarding cultural competency.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that in the past, the Health Commission has asked the DPH to work on cultural competency issues within the Department as well as with its contractors. He asked whether the current DPH collection of cultural competency information from Departmental programs and contractors is included in the cyclic monitoring process or whether it remains a distinct process. Toni Rucker, Director of Health Equity, Cultural Competency, and Workforce Development, stated that in the current phase, the DPH collection of cultural competency information remains distinct but that in the next phase, it will become part of the monitoring process.

Commissioner Chow stated that he hopes that impacted communities will be able to give input regarding the topics that are chosen to be covered in DPH cultural competency training programs that will be planned for 2014 and 2015. Dr. Rucker stated that the DPH will be seeking community input on the training topics.

Commissioner Chow stated that he is concerned that the DPH is planning a 32% reduction in TB services due to budget constraints. He stated that based on Dr. Higashi's report at the Committee meeting, it seemed clear that TB cases in San Francisco may be on the rise in the next few years. He stated that he hopes the DPH administration can find resources to reduce the impact of TB disease progression. He added that past efforts to work with community physicians to send TB cases to the DPH for diagnosis and treatment have been successful; he is concerned with the DPH plan to transition responsibility back to community providers. Dr. Higashi stated that the reductions in service are due to staff reductions. Director Garcia stated that she with working with Greg Wagner, the DPH Chief Financial Officer, to address this budget issue.

Commissioner Sanchez requested that update presentations on DPH Cultural Competency and TB be presented to the full Health Commission in the future.

6) **CONSENT CALENDAR**

Action Taken: The Resolution of Commitment to Trauma Care at SFGH was unanimously approved.
(See Attachment 1)

7) **HEALTH COMMISSION ELECTIONS**

Action Taken: The Commission unanimously elected Sonia Melara, MSW as President.

Action Taken: The Commission unanimously elected Ed Chow, MD as Vice President.

8) **RESOLUTION HONORING TANGERINE BRIGHAM**

Commissioner Melara introduced the resolution by stating that the Health Commission is grateful to Ms. Brigham for all the contributions she has made to the DPH and to the safety net community in San Francisco. She added that the date on the last "Whereas," should be changed to "April."

Commissioner Chow thanked Ms. Brigham for her effective work on many DPH projects especially Healthy San Francisco, Health Care Reform preparation, and the DPH Integrated Service Delivery system. He requested that the phrase, "and physician groups" be added to the third Whereas:

Whereas, under her leadership, the Department *and physician groups*, launched the Healthy San Francisco program in 2007, successfully partnering with San Francisco community clinics, non-profit hospitals, and the

San Francisco Health Plan to launch and sustain a nationally recognized health access program for San Francisco's uninsured; and"

Action Taken: The Resolution Honoring Tangerine Brigham was unanimously approved with the revisions noted above. (See Attachment 2)

9) **POPULATION HEALTH DIVISION(PHD) REORGANIZATION PLAN**

Tomas Aragon, MD, Health Office and Director of PHD, gave the presentation and introduced the leaders of the new Sections:

Kyle Bernstein, Ph.D, Applied Research, Community Health Epidemiology, and Surveillance
Will McFarland, MD, Center for Public Health Research
Susan Buchbinder, BridgeHIV (Albert Lieu presented for Dr. Buchbinder)
Israel Nieves-Rivera, Public Accreditation, Equity, and Quality Improvement
Rajiv Bhatia, MD, Environmental Health Protection, Equity, and Sustainability
Tracey Packer, MPH, Community Health Promotion
Susan Phillip, MD, Disease Prevention and Control (Julie Higashi, MD presented for Dr. Phillip)
Naveena Bobba, MD, Public Health Emergency Preparedness and Response
John Brown, MD, Emergency Medical Services (Dr. Bobba presented for Dr. Brown)
Christine Siador, MPH, Operations, Finance, and Grants Management
Jonathan Fuchs, MD, Center for Learning and Innovation

Commissioner Comments/Follow-Up:

Commissioner Taylor-McGhee congratulated all the staff for the hard work involved. She asked how trauma and violence will be dealt with in the reorganized Division. Dr. Aragon stated that the trauma and violence, like all issues addressed by the Division, will be dealt with through activities of multiple Divisions in the DPH and Sections of the Population Health Division. Director Garcia stated that the issues of trauma and violence will be addressed through a multitude of programs and activities. She gave several examples: the 24-hour trauma response team; long-term case management services; and the Mission Peace Initiative. She added that as the DPH is creating a comprehensive cultural competency plan, including plans to address African American Health Disparity, it will be vital to address the impact of violence and trauma.

Commissioner Chung added that other programs also help deal with the impact of trauma and violence such as the Trauma Recovery Center, and BridgeHIV. She added that she thinks the restructuring of the Division makes sense and will enable the DPH to best address the current array of public health issues in San Francisco.

Commissioner Chow stated that he is pleased with the reorganization because it will enable more effective collaboration of the DPH's talented staff. He asked if the TB and STD clinics will continue to operate as distinct clinics. Dr. Aragon stated that the TB and STD clinics will continue to operate as stand-alone clinics.

Commissioner Chow asked how the reorganization will impact the Hepatitis B Initiative. Dr. Aragon stated that the issue will be dealt with by multiple Sections.

Commissioner Chow noted that the Health Commission recently heard a reorganization of the DPH IT Services and asked how the reorganized Population Health Division will be interacting with the restructured IT Services. Director Garcia stated that Antonia Cardona, a newly designated leader in the IT reorganization services, is in charge of coordinating all IT needs for the Population Health Division.

Commissioner Sanchez stated that the new reorganization sets up the DPH to best deal with public health issues in San Francisco. He suggested that the DPH explore additional sources of funding to help support the reorganization.

Commissioner Melara stated that she is excited about the new reorganization and requested that Dr. Aragon report back to the full Health Commission as various phases of the reorganization plan are implemented.

10) OTHER BUSINESS

JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow, SFGH JCC Chair, gave an update on the March 12, 2013 meeting. He stated that the Committee heard an update on The Delivery System Reform Incentive Program (DSRIP) guidelines; the program has potential to bring in approximately \$10M annually if SFGH is able to meet the DSRIP benchmarks. Because SFGH has done so well in achieving its current benchmarks, CMS, which runs the program, has requested that SFGH develop more stringent goals. Commissioner Chow also stated that SFGH is also working on a policy regarding staff, intern and volunteer use of social media as it relates to patient confidentiality.

COMMITTEE AGENDA SETTING

Commissioner Melara requested a presentation at a future Health Commission meeting to address issues related to a City ordinance which prohibits the elimination of residential units when single residence occupancy(SRO) hotels are renovated. As currently written, the ordinance impacts the ability of SRO hotels to provide kitchens to its residents. Commissioner Melara asked that the presentation include possible incentives that could encourage SRO owners to install kitchen facilities when renovating their hotels.

Commissioner Chung stated that some SRO hotels contain efficiency units which have kitchens.

11) ADJOURNMENT

The meeting was adjourned at 5:43pm.

**HEALTH COMMISSION
City and County of San Francisco
Resolution No. 13-05**

**RESOLUTION OF COMMITMENT TO TRAUMA CARE AT
SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**

WHEREAS, San Francisco General Hospital and Trauma Center has a long-standing history of providing comprehensive trauma care to the people of San Francisco; and,

WHEREAS, the City and County of San Francisco is committed to providing high quality trauma care to San Francisco residents by maintaining San Francisco General Hospital and Trauma Center as the designated Level 1 Trauma Center; and,

WHEREAS, the San Francisco Department of Public Health through the Emergency Services section, has officially designated San Francisco General Hospital and Trauma Center as the sole source provider of Level 1 trauma care for the City and County of San Francisco; and,

WHEREAS, the Administration and Medical Staff at San Francisco General Hospital and Trauma Center have, since 1972, cooperated to provide Trauma Center services to the citizens of San Francisco; now, therefore, be it

RESOLVED, that the Health Commission strongly supports the San Francisco General Hospital and Trauma Center as a regional Level 1 Trauma Center and maintains its commitment to providing professional services in accordance with the standards of the American College of Surgeons and California State regulations for trauma centers, Title 22, Division 9, Chapter 7.

I hereby certify that the San Francisco Health Commission at its meeting of March 19, 2013 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission

**Health Commission
City and County of San Francisco
Resolution No. 13-06**

RESOLUTION HONORING TANGERINE BRIGHAM

WHEREAS, Tangerine Brigham has served the City and County of San Francisco for 20 years starting as a policy analyst at the Department of Social Services; and

WHEREAS, Ms. Brigham worked as Department of Public Health Director of Policy and Planning from 1993 through 2001, and returned to serve as the first Director of Healthy San Francisco in 2006; and

WHEREAS, under her leadership and with physician groups, the Department launched the Healthy San Francisco program in 2007, successfully partnering with San Francisco's community clinics, non-profit hospitals, and the San Francisco Health Plan to launch and sustain a nationally-recognized health access program for San Francisco's uninsured; and

WHEREAS, under her leadership, Healthy San Francisco enrolled over 100,000 unique participants, achieved a 94% participant satisfaction rate, and helped achieve clinical and utilization outcomes exceeding that of public insurance programs; and

WHEREAS, under her leadership, the San Francisco Department of Public Health successfully launched San Francisco's Low Income Health Program in July 2011, serving approximately 10,000 uninsured residents in an organized Federal health access program; and

WHEREAS, Ms. Brigham created and led the *Bringing Up Healthy Kids* coalition to expand health insurance to uninsured children and youth and worked on the creation of the San Francisco Health Plan; and

WHEREAS, throughout her career, she secured over \$100 million in federal funding to sustain and improve health care delivery to the uninsured in San Francisco; and

WHEREAS, she led the Integrated Delivery System implementation team to prepare the Department for the opportunities and financing changes presented by federal health reform

WHEREAS, the legacy of Healthy San Francisco exemplifies her commitment to systems integration, service excellence, and innovation in the safety net; and

WHEREAS, Tangerine is leaving City employment in April to serve the Los Angeles County Health Services Department; now, therefore be it

RESOLVED, that the San Francisco Health Commission honors Tangerine Brigham for her outstanding service and leadership.

I hereby certify that the San Francisco Health Commission at its meeting of March 19, 2013 adopted the foregoing resolution.

Mark Morewitz
Health Commission Executive Secretary

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
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Barbara A. Garcia, M.P.A.
Director of Health

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Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, April 2, 2013, 4:00 p.m.

101 Grove Street, Room 300 or Room 302

San Francisco, CA 94102

13

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 19, 2013.

**Minutes of the meeting of March 19, 2013*

3) FOR DISCUSSION: DIRECTOR'S REPORT

(Barbara Garcia, Director of Health)

- Legislation
- Programs
- Budget
- Departmental News
- Announcements

**Director's Report*

4) GENERAL PUBLIC COMMENT**

5) FOR DISCUSSION AND POSSIBLE ACTION: FINANCE AND PLANNING COMMITTEE

6) FOR ACTION: CONSENT CALENDAR

- APRIL CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH ASIAN WEEK FOUNDATION IN THE AMOUNT OF \$192,723, WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE FISCAL INTERMEDIARY SERVICES TO SUPPORT THE HEAL SF B: HEPATITIS B IDENTIFICATION AND LINKAGE TO CARE PROGRAM FOR FOREIGN-BORN PERSONS WITH HEPATITIS B, FOR THE PERIOD OF MARCH 1, 2013 THROUGH SEPTEMBER 29, 2013 (7 MONTHS).

7) FOR DISCUSSION AND POSSIBLE ACTION:

LHH UPDATE

(Mivic Hirose, LHH Chief Executive Administrator)

01-11-2013 10:00

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- 8) FOR DISCUSSION AND POSSIBLE ACTION: PUBLIC HEALTH WEEK: RESOLUTION
(Patricia Erwin, Acting Director, Community Health Promotion and Prevention Section)
- 9) FOR DISCUSSION AND POSSIBLE ACTION: 2012 AMERICAN PUBLIC HEALTH ASSOCIATION CONFERENCE UPDATE
(Patricia Erwin, Acting Director, Community Health Promotion and Prevention Section)
- 10) OTHER BUSINESS***
- FOR DISCUSSION AND POSSIBLE ACTION: JOINT CONFERENCE COMMITTEE REPORTS
- FOR DISCUSSION AND POSSIBLE ACTION: COMMITTEE AGENDA SETTING
- 11) CLOSED SESSION
- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1
- Personnel Evaluation: Mark Morewitz, Health Commission Executive Secretary**
- D) Reconvene in Open Session
- 12) ADJOURNMENT
- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- ** At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- *** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines

serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org

Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



San Francisco Department of Public Health

Barbara A. Garcia, MPA

Director of Health

City and County of San Francisco

Edwin M. Lee, Mayor

Director's Report for Health Commission Meeting of

April 2, 2013

The Public Health Week Edition

A current overview of issues affecting the state of public health in San Francisco

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Public Health Week, April 1-7, 2013

In 1995, former President Clinton proclaimed the first full week of April as National Public Health Week (NPHW). Each year since then, the public health community has celebrated this observance by focusing on an issue that is important to improving the public's health. The theme of this year's National Public Health Week, "Public Health is Return on Investment: Save Lives, Save Money" focuses on ways evidence-based public health programs will result in healthier communities and reduced cost in treating diseases. Each day has a different theme.

Monday, April 1	Tuesday, April 2	Wednesday, April 3	Thursday, April 4	Friday, April 5
Ensuring a Safe, Healthy Home for Your Family	Providing a Safe Environment for Children at School	Creating a Healthy Workplace	Protecting You While You're on the Move	Empowering a Healthy Community

The Department is leading San Francisco in joining the movement through various initiatives which focus on prevention and wellness. The attachment lists the range of prevention and wellness activities and programs from a number of sections throughout the Department.

New Prevention Integration Practice and Science Leadership Group

Building on the concept of "Return on Investment: Saving Moneys, Saving Lives" theme of Public Health Week 2013, the Population Health Division is pleased to announce the launch of a new Prevention Integration Practice and Science (PIPS) Leadership Group to strengthen the science of prevention practice and recognize the impact of prevention.

Opportunities for the PIPS Leadership Group include: mapping collaborative prevention efforts across the Department; identifying how prevention can support health systems; and linking the science of prevention to support and disseminate information on innovative and evidence based approaches.

PIPS Leadership Group membership will be open to all staff from across DPH who are interested in strengthening existing or engaging in prevention efforts. This is an exciting time for prevention efforts. To join, learn more or share thoughts about this Leadership Group, contact Gary Najarian at gary.najarian@sfdph.org or Patricia Erwin at patricia.erwin@sfdph.org.

Shape Up with the Annual Walking Challenge: April 1 - June 7

Perhaps as part of your own observance of Public Health Week, the Commissioners may wish to consider participating in the Shape Up Walking Challenge. It's not too late to sign up. All San Francisco Commissioners, residents and workers, are welcome to join us as we walk the coastline of California (1016 miles). Whether you choose to walk, bike, run, swim, skate, skip, or square dance for exercise, it all counts. As of March 27th, 90 teams with over 950 participants are ready to compete for the most miles. Visit <http://shapeupsfwalkingchallenge.org> for more information and to register.

Tier 1 Grants for Direct Access to Housing Program

On March 13th the U.S. Housing and Urban Development (HUD) Department announced the award of \$1.5 billion in grants to fund the operation of 7,000 state and local homeless, housing, and service programs across the country. These grants are referred to as Tier 1, or high priority grants. San Francisco received \$19,624,008 in Tier 1 grants which will support 50 existing housing and services programs, including two Supportive Housing Program grants for the Housing and Urban Health Section Direct Access to Housing program.

Through a competitively-ranked application process, the Empress and Folsom Dore program received \$690,265 and the Chronic Alcoholics program received \$823,058. The Empress Hotel and Folsom Dore Apartment program provides 88 units of permanent supportive housing for chronically homeless adults with on-site supportive services. The Chronic Alcoholics program provides 62 units of permanent supportive housing for chronic inebriates coupled with intensive case management services provided by SFFIRST. Both programs target clients who have the longest histories of homelessness and also have a disabling condition such as a serious mental illness or chronic physical illness or disability. These unique programs have proven their success over the last few years by providing stable housing to this difficult to serve population and improving their health outcomes. I am sure Commissioners join me in congratulating all of the other City Departments and our own DPH staff for securing the grants to keep these programs operating at optimum capacity.

Laguna Honda Gift Fund Accepts Major Gift from Knight Trust

I am pleased to report that the Laguna Honda Gift Fund is the recipient of a \$500,000 gift from the trust of the late Dolorous Knight. Mrs. Knight, a resident of San Francisco's Excelsior District, died in 2012 at the age of 98. She was a longtime supporter of community projects and public works. The Gift Fund will use the money to support the quality of life and independence of Laguna Honda residents that cannot be addressed through public funding such as tickets for concerts, movies, cultural celebrations and sporting events. We are deeply grateful to the Knight Trust for their contribution to the LHH Gift Fund.

Adolescent Health Working Group to Address Trauma

The San Francisco Adolescent Health Working Group, in collaboration with the Department's Community Behavioral Health Services division, invites the Commissioners and any others who are interested in learning about and discussing how to design programs and services for people who have suffered trauma in their lives to join them for the 10th Annual Teen/Young Adult Provider Gathering, Friday, May 10, 8:30 a.m.- 4:30 p.m. at the San Francisco State Building, 445 Golden Gate Avenue. This annual provider's gathering will draw nearly 250 attendees from health, juvenile justice, education, and workforce and youth development programs who share an eagerness to improve citywide coordination of services to individuals and families for whom trauma has played a major and significant role in their lives.

Featured speaker is nationally known Vincent Felitti, MD, a Co-Principal Investigator in the Adverse Childhood Experiences Study, a long-term, in-depth analysis of over 17,000 adults that revealed a powerful relationship between our emotional experiences as children and our physical and mental health as adults, as well as a strong link to the major causes of adult mortality in the United States. The organizers will be releasing the Trauma & Resilience Module of the AHWG Adolescent Provider Toolkit series. Online registration is open at <https://www.ahwg.net/onevent/events.php>. Early registration is encouraged as the provider gathering is always a sell-out.

Free EPA Lead Certification Training for Spanish Speakers

The Children's Environmental Health Promotion Program and community partner, LEAD FREE, have teamed up to reach contractors who do renovation and repair work to buildings built before 1978 to offer their Spanish-speaking workers a free training that meets USEPA's Lead Renovation, Repair and Painting Rule (RRP Rule) requirements. 91% of San Francisco's housing is covered by the RRP Rule.

USEPA requires this RRP certification training because common renovation, repair, and painting activities that disturb lead-based paint, such as sanding, scraping, cutting, replacing windows, at the same time create hazardous lead dust and chips which are harmful to children, adults and pets. Having trained and certified workers lower the risk of lead poisoning from home renovation activities to both residents and workers.

LEAD FREE, a social enterprise in the Mission District, will be offering monthly *free* lead certification training federally required for all workers engaged in renovating, repairing, or painting older homes. This includes anyone engaged in window installation, floor refinishing, carpentry, plumbing, electrical work, painting and general maintenance work. Contractors can avoid tens of thousands of dollars in fines and take advantage of the monthly certification training offered by LEAD FREE. Classes have been scheduled monthly through December.

COPC-QI Wins Challenge Grant

Congratulations to Community Oriented Primary Care Quality Improvement (COPC-QI) which was awarded a Safety Net Innovation Challenge Grant by the Center for Care Innovations, in partnership with the Blue Shield of California Foundation. COPC was one of 12 recipients statewide who were funded to support new ideas for improving access in primary care.

The TAPS (Timely Access to Patient Services) Team, comprised of Lisa Golden, MD, Judith Sansone, Winnie M Tse, Amy Petersen and Andrea Scobi, will receive in-depth training and coaching from experts in innovation design as they engage in a Rapid Cycle Innovation process to improve patient access and to develop non-traditional and novel ways of engaging patients in their health care. In order to build a culture of innovation and foster innovation skills, Roxana Salinas from Castro Mission Health Center, Ruth Wang from Ocean Park Health Center, Ben Lui from Chinatown Public Health Center, Cesar Gillen from Community Health Programs for Youth, Milagros Ramos from Silver Avenue Family Health Center and Tiffany Chin from Maxine Hall Health Center, will also participate on the team and spread innovative best practices for the benefit of our system and patients.

Department to Observe Nurses Week in May

National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing. As in year's past, the nursing leadership groups throughout the Department are planning a series of activities to celebrate nurses and their contribution to our healthcare system, our nation, and our lives. I hope the Commissioners will make time in their schedules to attend one of the many observances being planned. Here is a partial list of events.

Laguna Honda Hospital & Rehabilitation Center

May 6 - Nursing High Five's (Nursing Leadership meets and greets each staff all shifts)

May 7 - Nursing Fair 11 am – 2 p.m. (Posters, Wellness, Neighborhood Best Practices, etc)

May 10 - Keynote Speaker TBD and Reception

San Francisco General Hospital

May 9 –Nurses Week Reception & Awards Ceremony, 5 p.m. – 7 p.m.

We will announce the winners of the six awards after the May 9th ceremony.

Community Oriented Primary Care

To kick off Nurses Week, COPC and SFGH primary care nurses will participate in the first session of a year-long Primary Care Nursing Leadership Academy the last week in April. The Academy spans 12 months and offers four in-person sessions. It will focus on leadership training and development, quality improvement and clinical excellence. The Academy is a unique opportunity for community and hospital-based primary care nursing to come together to learn, share best practices, and engage in strategizing how the nursing role can develop in the climate of health care reform.

Women Making History Award

Please join me in congratulating Stephanie Felder, Director of CBHS Comprehensive Crisis Services, as a recipient of the prestigious "Women Making History" Award. Each year, in celebration of National Women's History Month, the SF Commission and Department on the Status of Women, in partnership with the Mayor and the Board of Supervisors, recognize the exceptional contributions of women in the community. Ms. Felder was recognized on March 19th at a ceremony hosted by the Board of Supervisors. Supervisor John Avalos honored her for her exceptional team leadership in providing mental health services in the community, particularly for those families impacted by incidents of violence or suicide.

Public Health Week, April 1-7, 2013

The theme of this year's National Public Health Week, "**Public Health is Return on Investment: Save Lives, Save Money**" focuses on ways evidence-based public health programs will result in healthier communities and reduced cost in treating diseases. Each day has a different theme:

Monday, April 1st - Ensuring a Safe, Healthy Home for Your Family

Tuesday, April 2nd - Providing a Safe Environment for Children at School

Wednesday, April 3rd - Creating a Healthy Workplace

Thursday, April 4th - Protecting You While You're on the Move

Friday, April 5th - Empowering a Healthy Community

The Department is leading San Francisco in joining the movement through various initiatives which focus on prevention and wellness. A few are highlighted below:

A. Monday, April 1st - Ensuring a Safe, Healthy Home for Your Family

1) Community Health Promotion and Prevention Section

- a. The **Tobacco Free Project** (TFP) has worked for over 20 years to reduce the impact of the #1 cause of premature death and disability in San Francisco. The TFP's recent efforts to reduce exposure to secondhand smoke include a rule requiring disclosure of smoking status in all rental housing before new tenants move in. The Tobacco Free Project also ensures that services are available for all community members who would like to quit smoking.
- b. The **Community and Home Injury Prevention Program for Seniors** (CHIPPS) aims to prevent falls and other injuries so that seniors can maintain a healthy and active life in their own home. We conduct free Home Safety and Injury Prevention education sessions for staff that work with seniors, and to senior groups at community and senior centers throughout San Francisco with the focus on preventing injuries. We also conduct individual Home Assessments for seniors in SF to review potential hazards in the home, review safety education, and make suggestions for improved safety. When available we also provide home safety items and refer them for basic home modifications if indicated.

2) Environmental Health Section

- a. Environmental Health is working with Mayor's Office of Housing to conduct a demonstration study to make **indoor air quality improvements in Southeast district homes** near freeways, including retrofit of forced air furnaces and air sealing measures to decrease fine particulates entering homes near freeways. Lawrence Berkeley Lab indoor air quality researchers are assisting us in showing the effectiveness of these efforts.

- b. The Asthma Task Force (ATF) trained and supported St. Andrew Missionary Baptist Church in their “**Free2Breathe**” US EPA grant-funded home visiting project to better housing conditions for people with asthma living in several Western Addition low income housing developments. St. Andrew Missionary Baptist Church also held several Fragrance Free Sunday and cleaning demonstrations immediately after the morning worship services. The Home Helpers presented to the congregants about the environmental triggers in the church, specifically the church sanctuary. As a result, they successfully advocated for the purchase of new flooring throughout the building. All other environmental triggers (incense, scented candles) were removed to improve the indoor air quality.
- c. Did you know nearly six million households live with housing problems which negatively impact health? Children are most severely affected suffering from asthma hospitalization, injuries and lead poisoning. San Francisco’s **Children’s Health Promotion Program** (CEHP) has been proactively addressing this health issue by offering housing assessments to improve conditions for families. We plan to see return on investment through a reduction in medical bills, energy costs and lost wages. CEHP completed its pilot program in 2010 and is launching a second program based on overwhelming need. For more information see our 2010 report and our website.

Report

<http://www.sfdph.org/dph/files/EHSdocs/ehsCEHPdocs/HealthyHomeEducationAssessmentWIC.pdf>

Website

<http://www.sfphes.org/elements/housing41>

3) Laguna Honda

- a. San Francisco Department of Public Health **Vision Rehabilitation Services Program** (SFDPH VRSP) at Laguna Honda and other DPH Continuum of Care sites. SFDPH VRSP can provide Low Vision Therapy and Orientation and Mobility skilled evaluation and rehabilitation services to patients. With a doctor’s prescription, patients’ functional changes in vision can be evaluated by a licensed and certified specialist with a background in Occupational Therapy, Low Vision Therapy, and Orientation and Mobility. Education is provided to the client about their changes in vision, and how to relearn approaches to everyday living skills and mobility, using prescribed optical and/or non-optical devices as needed. These public health services can help to decrease a patient’s length of hospital stay at San Francisco General Hospital and promote direct community discharges. These services can also improve quality of life outcomes as demonstrated by reduced rates of readmission to hospitals for patients who can actively participate in inpatient and outpatient rehabilitation vision care plans.

4) San Francisco General Hospital

- a. San Francisco General Hospital’s **Community Wellness Program** (CWP) (www.sfghwellness.org) works to promote and encourage wellness practices for patients, staff, and all San Franciscans. The CWP support a holistic view of health in which physical, emotional, mental, social, and spiritual health are considered interconnected and essential in achieving improved health and wellness. There are 2 core initiatives addressing this day of National Public Health Week:

- Healing Moves, Active Living Initiative: the Working on Wellness (WOW) program consists of free weekly movement classes for staff, patients, their families, and all San Franciscans -many are offered during Public Health Week.
- Tobacco Free Community Initiative: promotes and provides tobacco cessation services on campus and beyond with similar goals and mutual support to improve long term tobacco cessation, in collaboration with CHPP's Tobacco Free Project.

B. Tuesday, April 2nd - Providing a Safe Environment for Children at School

1) Community Health Promotion and Prevention Section

- a. The **Physical Education (PE) Advocates**, a project of Shape Up SF, is working to establish regular physical education (PE) in SFUSD. PE offers an equitable way for all children to get regular physical activity. The long-term goals of the PE Advocates are: 1) all SFUSD students get daily, quality PE from a credentialed PE Specialist; and 2) PE is measured in a school's Academic Performance Index. In the meantime, the PE Advocates are working on strengthening partnerships with SFUSD administrators to raise the value of PE within the district; increasing awareness about the benefits of PE and physical activity during the school day; and basing our work and recommendations on evidence and best practices. www.shapeupsf.org/pe

2) Environmental Health Section

- a. The Asthma Task Force (ATF) has achieved national recognition for its leadership in identifying **bleach-free disinfectant and sanitizing practices** that help child care workers and the children in their care avoid asthma risks from bleach exposure. The ATF project coordinator has successfully disseminated the recommended practices to over 100 SF child care sites serving low income children, as well as national and statewide audiences via conference presentations and the California Child Care Licensing Board newsletter.
- b. ATF initiated a **Green Cleaning Resolution** with Board of Education (BOE) member Jill Wynns to expand SFUSD efforts to reduce cleaning and disinfectant products with asthmagens in school and EED sites, adopted by the BOE on June 28, 2011. In the past fiscal year, the ATF Bleach-Free Child Care Project Coordinator has helped SFUSD Facilities and Early Education managers make purchasing choices to implement this resolution.
- c. **Food in our schools** defines lifelong children's eating habits and prepares them for learning. With a decade of seed funding and technical support from the San Francisco Department of Public Health's, Environmental Health Section and a committed parent community, San Francisco has become a cutting edge urban school food environment, establishing strong food policies beginning in 2003, eliminating competitive foods in 2010, rolling out grab and go breakfast programs in most middle and high schools in 2011, and in 2012 deciding to source lunches from a local company, Revolution Foods, who specialize in freshly prepared food from sustainable, local sources. For more information see the districts newsletter and our website.

Newsletter

<http://www.sfusd.edu/en/assets/sfusd-staff/nutrition-and-meals/files/SNS%20Newsletter%20Spring%202012%20FINAL.pdf>

Website

<http://www.sfphe.org/elements/food>

C. Wednesday, April 3rd - Creating a Healthy Workplace

1) Environmental Health Section

- a. Wage theft is bad for health! A recent survey found 76% of restaurant workers did not receive overtime pay and 50% did not earn minimum wage. Partnering with local and state labor enforcement agencies and local worker centers, San Francisco Department of Public Health's Environmental Health Section has **suspended health permits of employers found guilty of wage theft**. Over the past two years, we have recovered tens of thousands of dollars in back wages owed to SF restaurant employees. For more information, visit <http://tinyurl.com/sfdph-wage-theft>

D. Thursday, April 4th - Protecting You While You're on the Move

1) Community Health Promotion and Prevention Section

- a. The **Safe Routes to School (SRTS)** program promotes safe and active walking and bicycling to and from school. It provides an opportunity to make walking and bicycling to school safer for children as well as to increase the number of children who walk and bike. DPH is the lead for the SRTS program and works with 7 partners to implement the national model of the five "E's": Education, Encouragement, Enforcement, Engineering, and Evaluation. SRTS is currently working in 15 elementary schools throughout San Francisco.

The week of April 22-26, Safe Routes to School Program coordinates **Bike to School Week** throughout San Francisco, focused on increasing safe and active walking and bicycling for students and their families in San Francisco. A media event will be at Grattan Elementary School on Tuesday, April 23rd.

2) Environmental Health Section

- a. Did you know that *over half* of San Francisco's over 800 annual pedestrian injuries occur on *only 5%* of our City's streets? This San Francisco Department of Public Health's Environmental Health Sections map was voted one of the best Open Data Releases of 2012. **The San Francisco Pedestrian Strategy** – soon to be released - prioritizes engineering and enforcement measures on those corridors with the goal of saving lives, in addition to potentially millions of dollars in healthcare costs.

Map

<http://www.sfphe.org/elements/21-elements/transportation/137-pedestrian-safety>

News story

<http://www.theatlanticcities.com/technology/2012/12/best-open-data-releases-2012/4200/>

Pedestrian Strategy

<http://www.sfmta.com/cms/rpedmast/documents/1-29-13PedestrianStrategy.pdf>

E. Friday, April 5th - Empowering a Healthy Community

1) Community Health Promotion and Prevention Section

- a. The **Tobacco Free Project (TFP)** has worked for over 20 years to reduce the impact of the #1 cause of premature death and disability in San Francisco. By engaging community partners and conducting research to assess best solutions to public health issues, the TFP and community partners have helped to set lasting environmental changes such as city policies, health care practices, and organizational commitments. TFP also worked to reduce exposure to secondhand smoke include adoption of a citywide smoke-free festival/event policy and enforcement of smoke-free bar policies. The TFP also works with law enforcement to ensure that retailers do not illegally sell tobacco products to children.
- b. The City & County of San Francisco is currently one of sixteen counties nationally selected to implement a **Community Transformation Grant (CTG)** by the Centers for Disease Control & Prevention (CDC). SFPDPH is leading this countywide community transformation primarily through the two high-level and complementary goals of *transforming places and empowering people*. Selected strategies will focus on implementing organizational and institutional policies to build healthy, safe, and equitable communities (particularly in homes, walking environments, and public places), as well as on empowering people and communities to implement sustainable place-based wellness policies by integrating community health workers and youth leaders into community mobilization efforts. Half of the funds are allocated to support community partners to implement *transformative* evidence-based strategies in three priority areas highlighted by CDC: (1) tobacco-free living; (2) healthy eating and active living (HEAL); and (3) evidence-based quality clinical and other preventive services, particularly through the prevention and control of high blood pressure and high cholesterol.

The following are the community-based strategies that complement existing public health endeavors were chosen to help transform the health of all San Franciscans.

- **Places:** Increase the number of smoke-free environments.
- **Local Markets/Corner Stores:** Increase accessibility, availability, and affordability of healthy foods in communities by supporting healthy retail through community-engagement initiatives to build demand for healthy food access.
- **Safe Environments for Walking:** Improve the safety and quality of the pedestrian environment and implement a Citywide Pedestrian Strategic Action Plan to increase walk trips and decrease severe and fatal pedestrian injuries.
- **Joint Use:** Create an online database to facilitate the joint use of public school spaces (e.g. school yards during non-school hours) by community groups to promote increased physical activity of residents.

- **ACTIVE Zones:** Establish free daily physical activity programs in every district to promote increased physical and social activity.
 - **Neighborhood PowerPlay:** Institute free, physical activity programming every afternoon for all youth in nine neighborhoods.
 - **Baby Zones:** Plan a network of “Baby Zones” promoting healthy infant and early childhood development, physical activity, and good parenting, as well as providing safe spaces for addressing additional parenting-related psychosocial issues.
 - **Healthy Mothers Workplace:** Ensure equitable maternity leave and lactation accommodation policies by having a “Healthy Mothers Workplace Taskforce” develop a standardized workplace assessment and award program.
 - **“Healthy Apple” Child Care:** Develop, implement, and assess countywide nutrition and physical activity standards in child care programs, while awarding excellence in within these programs.
 - **Community Oriented Clinical Preventive Services:** Support community-based primary care health centers in institute strategies to systematically assess and manage patients with hypertension and high cholesterol, and link health centers to community-based activities supporting healthy eating and active living.
 - **Community Health Worker Training:** Provide community health worker trainings and internships at Community Transformation Initiative sites to improve clinical and preventative services through supporting chronic disease management and linkages to community-based prevention activities.
- c. The **Shape Up San Francisco Coalition** is a multidisciplinary body convened to address the epidemic of chronic disease through primary prevention and environmental strategies, with an emphasis on physical activity and nutrition. Shape Up SF is committed to reducing health disparities in chronic diseases that disproportionately affect African American, Latino and Asian populations. Our mission is to increase the awareness of and opportunities for increased physical activity and improved nutrition where people live, play, work and learn. Shape Up SF's focus and policy objectives are to: increase physical activity; increase access to healthy food; decrease consumption of sugar-sweetened beverages; and to secure a sustainable funding stream for chronic disease prevention. Key strategies to achieve these priorities include: Safe Routes to School, Walking Challenge, PE Advocates, Rethink Your Drink, Southeast Food Access Working Group, the Food Guardians, and the Bayview HEAL Zone.

Shape Up Walking Challenge Launch Week –April 1-5, 2013. Teams throughout San Francisco will be holding small team rallying events for the launch week on the Walking Challenge. The Walking Challenge lasts 10 weeks and challenges teams to collectively log 1016 miles – the rough equivalent of the California coastline. The goal is to increase physical activity among those who live or work in San Francisco. Join or form a team at: www.shapeupsfwalkingchallenge.org

- d. To address **Healthy Food Access/Healthy Retail**, CHPP is partnering with the Southeast East Food Access (SEFA) Food Guardians (FGs) in the BVHP and Tenderloin Healthy Corner Store Coalition Food Justice Advocates to promote healthy retail in both neighborhoods. In BVHP, the Food Guardians, as part of the BV Heal Zone have assessed over 24 small to large food retailers against standards for healthy retail that includes looking at: healthy foods, fresh produce, local hiring, tobacco/alcohol/junk food promotion, and other important issues to the community. Over the past year the FGs have worked in-depth with a store redesign consultant at two stores to stock fresh

produce, showcase healthy foods and reduce the influence of tobacco, alcohol and junk foods for the first time, including implementing marketing plans and community awareness campaigns. In the Tenderloin, the FJA's are currently assessing the over 50 corner stores using the same standards for healthy retail. CHPP coordinates the Citywide Healthy Retail group composed of 15 agencies and CBOs with the purpose of sharing information and collaborating on healthy retail efforts including reducing the influence of tobacco, alcohol and foods/drinks high in salt, fat and sugar.

- e. **HEAL Zone** (Healthy Eating Active Living) is a Kaiser Permanente-funded initiative to measurably transform San Francisco's Bayview community so that opportunities for engaging in healthy behaviors – walking and biking on safe routes, buying affordable fresh fruits and vegetables, exercising in parks and participating in active after-school programs – are part of daily life. The initiative brings together a diverse coalition of partners including public agencies, schools, community-based organizations, employers, local businesses, faith-based organizations, health care providers – committed to preventing chronic diseases like diabetes and hypertension that often result from obesity.
- f. In 2007, former Supervisor Sophie Maxwell conceived of a wellness program for the residents of District 10 that focused primarily on improving nutrition, physical activity and stress management to address the disproportionate burden of chronic disease in District 10. As a result, the **District 10 Wellness Collaborative** was created using evidence-based, culturally-competent interventions in five areas: stress reduction; nutrition; physical activity; complementary and alternative healing; and health equity. Current partners working with CHPP include: BVHP Foundation for Community Improvement, Bayview YMCA, Black Coalition on AIDS/Rafiki Wellness, BRIDGE Housing, Daniel Webster Elementary, the Healing Project, Potrero Hill Neighborhood House, SF Recreation and Parks Department, and SFGH Wellness Center.
- g. The Community Health Promotion and Prevention Section coordinates the implementation of the **Deemed Approved Uses Ordinance (DAO)**, a San Francisco City & County regulation that requires businesses that sell alcoholic beverages to maintain their businesses in a lawful and beneficial manner for the public and the surrounding community. The focus of the DAO is to strengthen neighborhood and community partnerships to promote the health, safety, and welfare of communities in San Francisco with the goal of helping to mitigate harm caused by alcohol-related public safety particularly in low-income and ethnically diverse communities. In partnership with UCSF San Francisco Health Improvement Partnerships (SF HIP), CHPP also provides technical assistance and supports community efforts and academic research evidence to assess, identify, and document strategies for addressing alcohol-related public safety in San Francisco.
- h. **Newcomers Health Program**, a recognized leader in refugee and immigrant health within San Francisco and statewide, has worked in collaboration with Family Health Center's Refugee Medical Clinic since the late 1970s to provide health assessments to over 50,000 documented refugees, asylees, and victims of trafficking who have resettled in San Francisco. It is the mission of Newcomers Health Program to promote the health and well-being of refugees and other immigrants in San Francisco through a range of clinic- and community-based programs and services as well as community collaborations and education. Current staff who speak 7 different languages and represent immigrant communities act as cultural liaisons and interpreters for these newcomers and continually

connect them to various community partners, groups, and services that lead to healthy resettlement and community participation in our diverse city.

2) Environmental Health Section

- a. What does a healthy city look like? San Francisco Department of Public Health's Environmental Health Section collaborated with over 20 diverse organizations to design the **Sustainable Communities Index**, an innovative tool using data and information geared towards advancing healthy communities. This tool has over 100+ indicators with geographically detailed maps to empower community members to advocate for better environments where they live, work, study, and play. The SCI is also part of our OpenData initiative to make our community more informed, connected and create citizen innovation through government.

SCI

<http://www.sustainablesf.org/>

OpenData

<http://www.sfpbes.org/resources/health-data>

3) San Francisco General Hospital

- a. In addition to the efforts previously mentioned, San Francisco General Hospital's **Community Wellness Program (CWP)** (www.sfghwellness.org) works on 2 additional core initiatives addressing this day of National Public Health Week:
 - Healthy Food Environment Initiative: reaffirms the commitment to creating a healthy, sustainable, environmentally friendly food environment for the SFGH Community.
 - Community Engagement Initiative: addresses the commitment to working collaboratively with related community programs and organizations. Our Community Wellness Collaborative brings together representatives from wellness programs that serve San Francisco's most vulnerable and at-risk populations.



Edwin M. Lee
Mayor

March 29, 2013

TO: President Sonia Melara, MSW
And Honorable Members of the Health Commission

THROUGH: Barbara Garcia, MPA
Director of Health

FROM: Mivic Hirose, RN, MS, CNS
Executive Administrator

RE: Laguna Honda Updates

This memo is to provide updates about Laguna Honda's Hospice and Palliative Care Program.

First, the Board of Supervisors last Tuesday approved a settlement in the lawsuit brought against the City by Dr. Derek Kerr. As part of the settlement, the hospital will install a plaque on the South 3 Hospice and Palliative Care neighborhood. The plaque will say, "In recognition of Derek Kerr, MD, for his contributions to Laguna Honda and its Hospice and Palliative Care Program (1989-2010)." Also, as part of the settlement, Laguna Honda's Medical Director, Dr. Colleen Riley, and Chief of Staff, Dr. Steven Thompson, provided Dr. Kerr a letter stating, "This letter serves to memorialize that (1) Dr. Derek Kerr was respected by his colleagues at Laguna Honda for his skills and accomplishments as a hospice and palliative care physician and for his work in establishing and running the hospital's Hospice and Palliative Care Program; and (2) when Dr. Kerr retired from City service in June 2010, his clinical privileges as a member of the Laguna Honda medical staff expired by operation of the Medical Staff By-Laws and not for reasons related in any way to the quality of medical care he provided to hospital residents."

Second, please join me in congratulating the Laguna Honda Hospice and Palliative Care Program, which received a 2013 Leadership Award from the California Coalition for Compassionate Care. The annual award ceremony will be held on April 9th at the Airport Hilton in Burlingame. Laguna Honda will be honored for providing hospice and palliative care to an economically disadvantaged and culturally diverse population.

And lastly, the Friends of Laguna Honda has generously provided funds for a gazebo in the South 3 Hospice and Palliative Care garden. Facilities staff is in the process of constructing the gazebo. Families, residents and staff are very much looking forward to using the new gazebo in the coming summer months.

On behalf of Laguna Honda community, I thank the Health Commission and Director Garcia for your support of Laguna Honda in its mission to provide San Franciscans with 5-star rehabilitation and skilled nursing services every day.

Thank you.



City and County of San Francisco
Department of Public Health
Population Health and Prevention Division

Mayor Edwin Lee
Barbara Garcia, Director

Community Health Promotion and Prevention Section
www.sfdph.org

TO: Sonia Melara, MSW, President
and Members of the San Francisco Health Commission

THRU: Barbara A. Garcia, MPA, Director of Health

FROM: Patricia Erwin, MPH, Acting Director, Community Health Promotion and
Prevention Section

RE: American Public Health Association Annual Meeting Report and National Public
Health Week

DATE: March 28, 2013

The attached packet provides the San Francisco Health Commission with a presentation and information related to San Francisco Department of Public Health's involvement in the American Public Health Association Annual Meeting held in San Francisco in 2012, and an overview of activities in San Francisco and draft resolution National Public Health Week 2013 (April 1-7).

Information related to the American Public Health Association Annual Meeting includes:

- an overview of the Department-wide representation of the booth we hosted;
- a handout of presentations from Department staff who shared information with us.

National Public Health Week theme for this year is "Return on Investment: Save Lives, Save Money" attached you will find the following:

- draft resolution recognizing Public Health Week in San Francisco;
- compilation of activities of the San Francisco Department of Public Health linked to the daily theme of National Public Health Week.

Thank you.

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NUMBER 13-07**

HONORING PUBLIC HEALTH WEEK, APRIL 1-7, 2013

WHEREAS, the first week of April is celebrated as “National Public Health Week” each year in states and counties throughout the United States, including California and San Francisco;

WHEREAS, the theme of the 2013 National Public Health Week is “Public Health is Return on Investment: Save Lives, Save Money”; and,

WHEREAS, preventing diseases before they start is critical to helping people live longer, healthier lives while managing health-related costs; and,

WHEREAS, preventable chronic diseases such as heart disease, cancer and diabetes are responsible for millions of premature deaths each year; and,

WHEREAS, chronic diseases cause Americans to miss 2.5 billion days of work each year, resulting in lost productivity totaling more than \$1 trillion; and,

WHEREAS, investing just \$10 per person each year in proven, community-based public health efforts could save the nation more than \$16 billion within five years; and,

WHEREAS, the mission of the San Francisco Department of Public Health (SFDPH) is to “protect and promote the health of all San Franciscans”; and,

WHEREAS, SFDPH meets this mission through the implementation of public health strategies and the provision of health care services; and,

WHEREAS, SFDPH implements programs in various areas of focus of Public Health Week 2013 including the ShapeUp San Francisco Walking Challenge Launch, San Francisco General Hospital’s Working on Wellness (WOW) classes, Bike to School Week, Environmental Health’s Sustainable Communities Index; and,

WHEREAS, SFDPH staff has excelled in developing partnerships to promote health and change environments to create healthier communities in San Francisco; and,

THEREFORE, the Department of Public Health, to demonstrate its commitment to prevention, will launch and sustain a ‘Prevention Integration Practice and Science leadership group’ to strengthen prevention efforts across the Department; be it

RESOLVED, that the Health Commission recognizes the San Francisco Department of Public Health’s excellent programs and the work in prevention and creating a healthier San Francisco, and celebrates those efforts during National Public Health Week, April 1-7, 2013.

I hereby certify that the San Francisco Health Commission at its meeting of March 19, 2013 adopted the foregoing resolution.

Mark Morewitz
Health Commission Executive Secretary



PUBLIC HEALTH IS

ROI

Save Lives, Save Money
National Public Health Week
April 1-7, 2013 • www.nphw.org

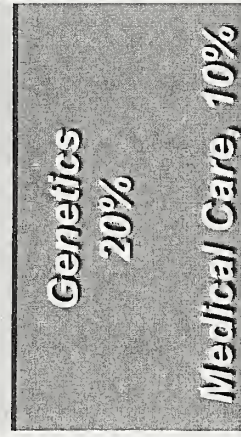
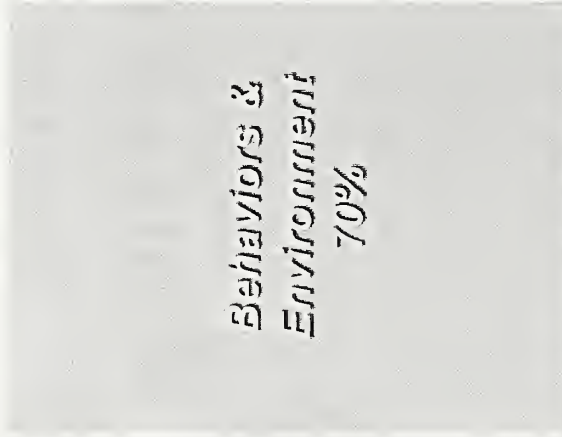
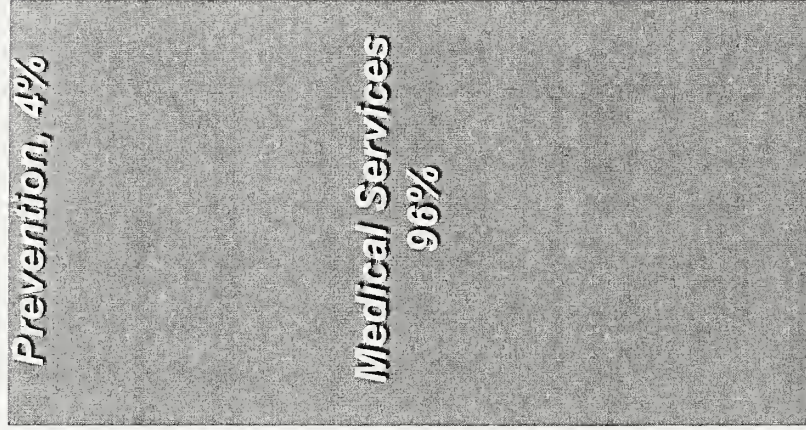
2013 PUBLIC HEALTH WEEK

Return on Investment

Save Lives, Save Money

Why does investment in prevention matter?

\$2.2 Trillion



Factors Influencing

Health

National Health

Expenditures

SOURCE: Centers for Disease Control and Prevention, Blue Sky Initiative, University of California at San Francisco, Institute of the Future, 2000

What is the return on investment for prevention?

Savings at
5 years

\$5.00 (US)

\$4.8 (CA)

Return on
Investment

\$1 Investment

**\$16 Billion
Annual Savings
In 5 Years
(\$1.7 Billion CA)**

SOURCE: Prevention for A Healthy America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities, Trust for America's Health, July 2008

PUBLIC HEALTH WEEK DAILY THEMES & DPH INITIATIVES

- April 1: Ensuring a Safe, Healthy Home for Your Family
 - Community Home Injury Prevention Program for Seniors; Public Health Emergency Preparedness & Response, Laguna Honda Vision Rehabilitation Services Program, Children's Environmental Health Program
- April 2: Providing a Safe Environment for Children at School
 - Shape Up SF; Physical Education Advocates; Community Behavioral Health Services; Asthma Task Force
- April 3: Creating a Healthy Workplace
 - Smoke-free Housing & Restaurants; Environmental Health & Occupational Health
- April 4: Protecting You While You're on the Move
 - Safe Routes to School; Child Passenger & Pedestrian Safety Program; Program on Health, Equity, & Sustainability
- April 5: Empowering a Healthy Community
 - Community Action Model; Tobacco Free Project; Deemed Approved Ordinance; Community Transformation Grant; HIV Prevention; Sustainable Communities Index

PUBLIC HEALTH WEEK RESOLUTION

- Recognition of San Francisco's focus on public health and celebration of our work
- Prevention practices and sciences leadership group launch to:
 - strengthen the science of prevention practice
 - identify how prevention can support health systems
 - focus on the ROI for prevention

The Spectrum of Prevention

Influencing Policy & Legislation
Changing Organizational Practices
Fostering Coalitions & Networks
Educating Providers
Promoting Community Education
Strengthening Individual Knowledge & Skills

THANK YOU!

- To the Health Commission, Director Garcia and SFDPH Leadership for their support of this work in public health;
- To the Community Health Promotion and Prevention Section staff for coordinating efforts of SFDPH at the APHA Annual Meeting booth as well as National Public Health Week;
- To all presenters who shared their work, and those who were willing to join in the presentation today.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Report back from APHA 2012

Prevention and Wellness Across the Lifespan



AMERICAN PUBLIC HEALTH ASSOCIATION
protect • prevent • live well

National Public Health Week
April 1-7, 2013
Return on Investment

Presentation to SFDPH Health Commission
April 2, 2013

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING 2012: OPENING SESSION

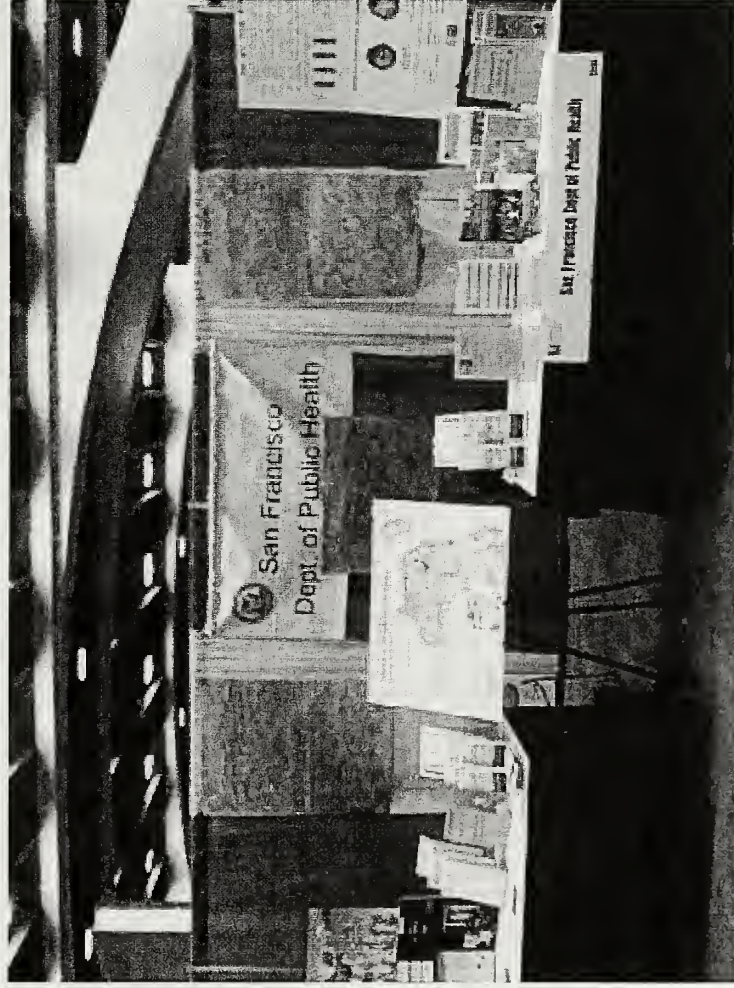
- Barbara Garcia Welcomes 12,000 Public Health Professionals to San Francisco



- ... as does Honorable Nancy Pelosi



SF DPH HOSTS BOOTH



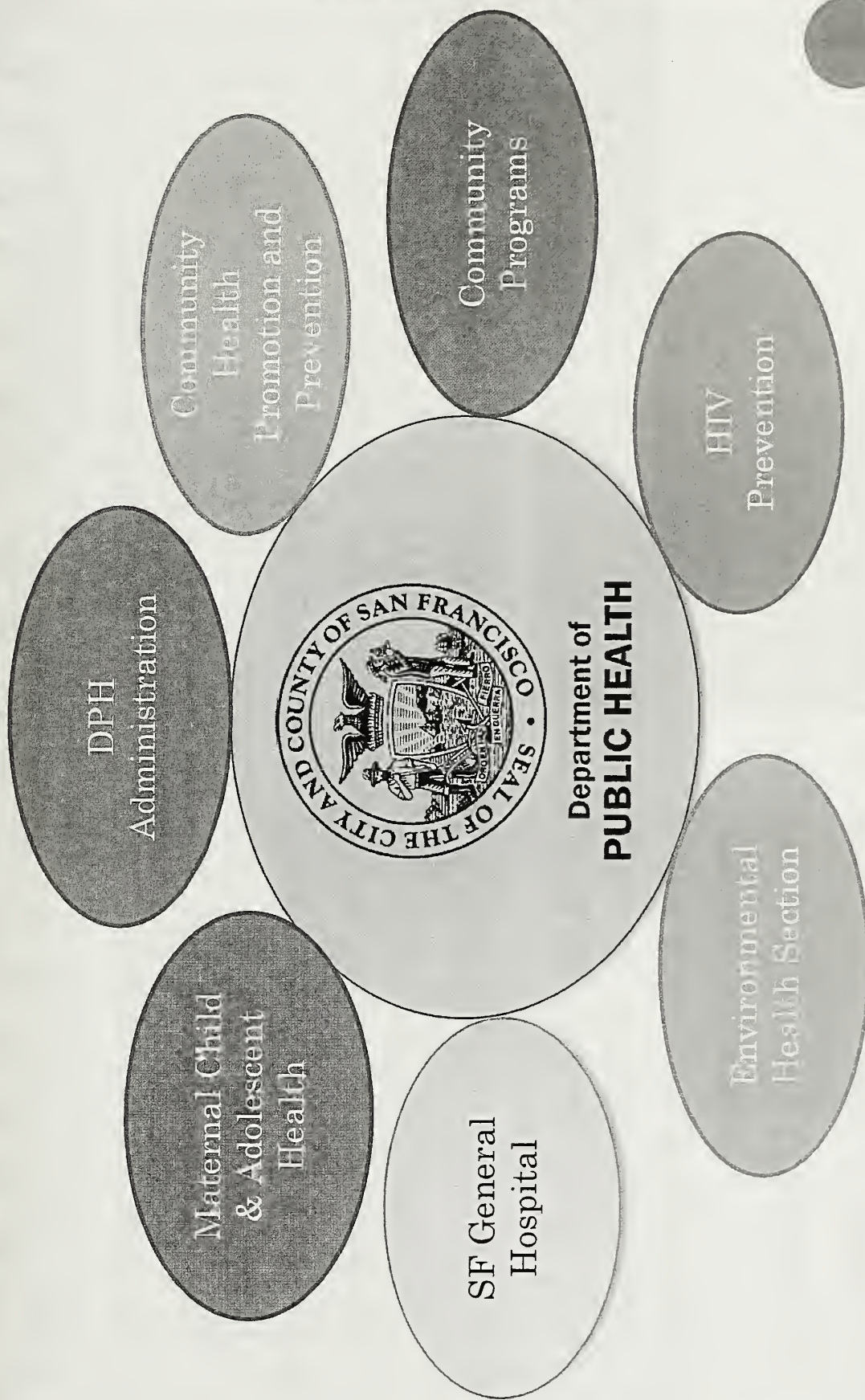
- **SFDPH programs showcase their work**
 - SFGH Wellness Program
 - SFGH Women's Health Center
 - Newcomers Health Program
 - Community and Home Injury Prevention for Seniors
 - Laguna Honda
 - Environmental Health
 - Children's Environmental Health
 - Healthy Housing and Code Enforcement
 - Maternal Child and Adolescent Health
 - The Feeling Good Project
 - Bridge HIV
 - HIV Prevention Substance Use
 - Deemed Approved Uses Ordinance
 - Shape Up San Francisco
 - Southeast Health Center

SF DPH RECOGNITION AND AWARDS

- **Alyonik Hrushow, MPH**, Tobacco Free Program Director, received *The Stan Glantz Award for Community Activism* at the Pharmacists Breakfast.
- **Rajiv Bhatia, MD, MPH** Director of Occupational and Environmental Health, received the APHA's prestigious *2012 Homer N. Calver Award*.
- **Kenny Hill, Jazz Vassar & Antonia Williams**, Shape Up SF/SEFA's Food Guardians, received the *2012 Unsung Heroes* by the Northern California Public Health Association.



PRESENTATIONS FROM THROUGHOUT SFDPH



APHA PRESENTATION HIGHLIGHTS

ACROSS THE DEPARTMENT

- *Building the case for Physical Education to promote equity, academic and physical fitness.*
Christina Goette, MPH. Community Health Promotion and Prevention
- *Innovative strategies in unintended pregnancy prevention.* Monica McLemore, PhD, MPH, RN.
Women's Options Center, SF General Hospital
- *View of San Francisco Homeless Healthcare Based on Citywide Administrative Data*
Maria X Martinez, MA, Central Office
- *Access to services predict risk of adverse health outcomes among mothers and babies.* Jodi Stookey, PhD, Maternal and Child Health Section, Community Programs

Collaboration

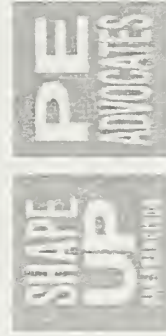
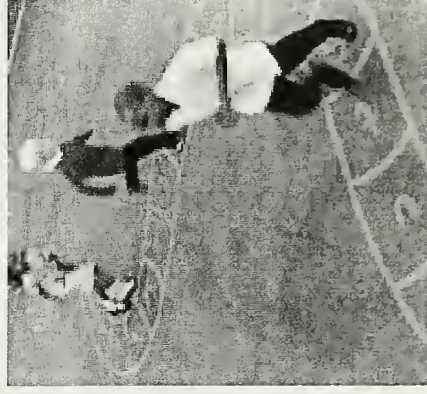
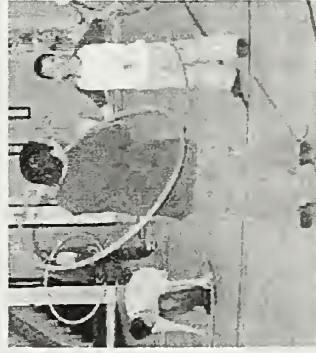
For Physical Education

Collaboration Outcomes

- Systematic Implementation of PEEF funds
- Standards for Principals/schools
- 25% more PE Specialists for Elementary
- Jointly funding a PE replication study

Lessons Learned

- Use, Collect LOCAL Data
- Acknowledge & Support Partners
- Stay Visible
- Long View



CHRISTINA GOETTE, MPH

NEW STRATEGIES FOR UNINTENDED PREGNANCY PREVENTION

POPULATION, REPRODUCTIVE SEXUAL HEALTH SECTION – 2012 APHA

PRES: MONICA R. MCLEMORE RN, MPH, PhD

- For more than 30 years, the United States rate of unintended pregnancy has remained at 49% of all pregnancies. This panel will review factors that contribute to this high rate and present models for improvement.
- 4 panel presentations
 - Lessons learned: Core competencies in sexual and reproductive health from the World Health Organization and the Royal College of Nursing, Joyce Cappiello, FNP, PhD
 - A public health framework for the prevention of unintended pregnancy, Amy Levi, CNM, PhD, FAAN, FACNM
 - Promoting a public health framework for unintended pregnancy prevention in health professions education and practice, Katherine Simmonds, MS, MPH, WHNP-BC
 - Innovative strategies in unintended pregnancy prevention, Monica R. McLemore, RN, MPH, PhD
- At the end of the session, participants were able to define the public health model of unintended pregnancy prevention as a means to reduce the unintended pregnancy rate.

VIEW OF SAN FRANCISCO HOMELESS HEALTHCARE BASED ON CITYWIDE ADMINISTRATIVE DATA

MARIA X MARTINEZ, MA; CAROL CHAPMAN, MA; DEB BORNE, MD; TOM BLEEKER,
PHD

Purpose: SFDPH shared progress and received feedback on prototype of annual report of homeless healthcare.

Method: Discussed challenges to find data, cross-walk terminology, de-duplicate records, correct data entry errors, identify important sub-groups, select indicators, and create annual cohorts for follow-up.

Preliminary results: During FY 11-12, among persons seen in treatment centers and shelters,
~30,000 had history of homelessness,
~14,000 were homeless during the year,
~2,500 were severely at-risk based on chronic homelessness and disease indicators predicting early mortality.

Conclusion: SFDPH is mid-way in development of a valuable report on status of homeless healthcare.

Young women's

health conditions &

28% of mothers were overweight before pregnancy¹

Birth Master File Data for all births in SF, 2010

access to services

22% of women ages 19-24y had no health insurance²

American Community Survey Public Use MicroData for SF, 2010

predict

32% of eligible mothers did not have WIC & prenatal care³

Birth Statistical Master File Data for Black women with Medi-Cal coverage for singleton birth in SF, 2010

risk

of adverse

health outcomes

for mothers & babies

83% of mothers who were overweight before pregnancy became obese during pregnancy (vs 15%)

10% of mothers who were overweight or obese before pregnancy had a macrosomic infant (vs 7%)

50% of Black, Medi-Cal mothers with No WIC & <7PNC had a low birthweight infant (vs 7%)

¹Pre-pregnancy overweight status is associated with increased odds of maternal postpartum obesity and infant macrosomia in San Francisco: A life course perspective of county birth certificate data

Poster presentations by SFDPH-MCAH at APHA 2012.

²Health insurance status among low-wage, female workers of child-bearing age in San Francisco

³WIC participation and prenatal care are associated with reduced risk of low birthweight for Black mothers with Medi-Cal coverage in San Francisco

APHA 2012 – San Francisco Department of Public Health Presenters

Sunday, October 28, 2012

Session Time	Presenter	Presentation Number, Title & Board Number	Session Number & Title
4:30 PM - 5:30 PM	Jodi Stookey, PhD	267822 WIC participation and prenatal care are associated with reduced risk of low birthweight for Black mothers with Medi-Cal coverage in San Francisco (SF): A county birth certificate analysis (5)	2074.0 Epidemiology of maternal and infant health poster session

POSTER

Monday, October 29, 2012

Session Time	Presenter	Presentation Number, Title & Time	Session Number & Title
8:30 AM - 10:00 AM	June Weintraub, ScD	272534 Role of the local health department in regulating on-site nonpotable water re-use projects (8:50 AM - 9:10 AM)	3029.0 The role of public health in Green Building Policy
8:30 AM - 10:00 AM	Cynthia Comerford Scully, Masters in Resource Management & Environmental Planning	272536 Promoting green building programs and policies that support sustainability and protect public health (9:30 AM - 9:50 AM)	3029.0 The role of public health in Green Building Policy
10:30 AM - 12:00 PM	Christina Goette, MPH	256547 Building the case for physical education to promote equity, academic and physical fitness (10:45 AM - 11:00 AM)	3174.0 Physical activity in school
10:30 AM - 12:00 PM	Cynthia Comerford Scully	271980 San Francisco's climate and health program: Progress and lessons learned (11:00 AM - 11:15 AM)	3126.0 Climate-ready states and cities: A snapshot from around the nation
12:30 PM - 2:00 PM	Seth Pardo, PhD	262633 Protecting who I am: The role of gender identity in medical decision making (1:15 PM - 1:30 PM)	3245.0 Transgender and gender identity health

ORAL PRESENTATIONS

Session Time	Presenter	Presentation Number, Title & Board Number	Session Number & Title
10:30 AM - 11:30 AM	Alexandra Geary-Stock, ASW	265137 Physical and mental health needs of 85 and older (4)	3075.0 Health promotion, health prevention, and healthcare
10:30 AM - 11:30 AM	Curtis Chan, MD, MPH	267909 Health insurance status among low-wage, female workers of child-bearing age in San Francisco (5)	3088.0 Women and children's health poster session
4:30 PM - 5:30 PM	Elisa Tong, MD	262212 Translating population-based smoke-free policy concerns into a pair-based tobacco cessation intervention: A multi-staged formative approach for developing a novel intervention (3)	3386.0 Across the drug spectrum: From research to evaluation to integration
4:30 PM - 5:30 PM	Michelle Kirian, MPH	254910 Semi-automated review of medical records for public health investigations (1)	3398.0 Innovation in technology: Prescriptions for better patient care posters 4
4:30 PM - 5:30 PM	Nathaniel Israel, PhD	256624 Resources matter: Resources types, trauma types, and treatment needs for youth receiving services in a public behavioral health system (1)	3404.0 Child and adolescent mental health needs: Prevalence, correlates and service needs

Session Number & Title

Presentation Number, Title & Time

Session Time

Presenter

10:30 AM - 12:00 PM	Monica McLemore PhD, MPH, RN	272891 Innovative strategies in unintended pregnancy prevention, part 2 (11:30 AM - 11:50 AM)	3163.0 New strategies for unintended pregnancy prevention
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PANEL

Visit the SFDPH booths #2630 and #2632 at the APHA Public Health Expo!

POSTER PRESENTATIONS

APHA 2012 – San Francisco Department of Public Health Presenters

Tuesday, October 30, 2012

Session Time Presenter Presentation Number, Title & Time

8:30 AM - 10:00 AM	Maria Martinez	267669 View of San Francisco homeless healthcare based on city-wide administrative data (8:30 AM - 8:50 AM)
12:30 PM - 2:00 PM	Nick Reid	268910 Fostering community engagement using technology for easier access to and better understanding of public health HIV data (12:50 PM - 1:10 PM)
2:30 PM - 4:00 PM	June Weintraub, ScD & Mina Mohammadi, MPH	272711 A public health, school district and public drinking water agency collaboration to ensure access to drinking water in public schools (2:45 PM - 2:57 PM)
4:30 PM - 6:00 PM	Buffy Bunting, MPH, CHES, Karen Pierce, JD & Maya Yoshida- Cervantes, BS	261888 Toxic Tour-addressing health inequities related to environmental justice: A partnership between the Bayview Hunters Point community, the San Francisco Department of Public Health, and the University of California San Francisco (4:30 PM - 4:50 PM)

ORAL PRESENTATIONS

Session Time Presenter Presentation Number, Title & Board Number

12:30 PM - 1:30 PM	Janine Young	262506 Reduction of hookah bars and lounges through enforcement: A case study in San Francisco (6)
12:30 PM - 1:30 PM	Maria Martinez	265716 Sharing data about vulnerable clients between service sectors: Is the juice worth the squeeze? (1)
2:30 PM - 3:30 PM	Jodi Stoolkey, PhD	267953 Pre-pregnancy overweight status is associated with increased odds of maternal postpartum obesity and infant macrosomia in San Francisco: A life course perspective on county birth certificate data (6)
4:30 PM - 5:30 PM	Monica McLemore, PhD, MPH, RN	266718 Expanding a doula and nursing model of care to incarcerated women and women seeking abortions (3)

POSTERS

Session Number & Title

4015.0	Looking at homeless health care services from a systems-level perspective
4221.1	Reducing the prevalence of HIV/AIDS in historically Black colleges and universities: Using real-time
4300.0	Local environmental health action for environmental and social justice: Lessons from the San Francisco Department of Public Health's Program on health, equity and sustainability
4392.0	Valuing and leveraging local knowledge: Promoting equitable community partnerships to improve environmental public health

Session Number & Title

4155.0	Hookah Use: Unfiltered
4165.0	Poster session - Research & data analysis
4265.0	Exercise and physical activity poster session 2
4373.0	PRSH Posters: Innovation

Wednesday, October 31, 2012

Session Time Presenter Presentation Number, Title & Time

8:30 AM - 10:00 AM	Mary Hansell, DrPH, RN, PHN	268930 Strategies to strengthen state-wide organizations of public health nursing leadership (8:30 AM - 8:50 AM)
8:30 AM - 10:00 AM	Quinn Grundy, BScN, RN	256845 "They want your buy-in": Nurses' interactions with industry in clinical practice (9:10 AM - 9:30 AM)
12:30 PM - 2:00 PM	Karen Cohn, MS, CIH	256773 Lessons learned from ten-year collaboration promoting asthma prevention and control across the lifespan (12:30 PM - 12:50 PM)

ORAL

Session Number & Title

5096.0	Public health nursing leadership
5076.0	Drug & trade policy & pharmacy services: Providing safe drugs and services
5167.0	Interdisciplinary and diverse collaborations to promote a continuum of community health across the lifespan

Visit the SFDPH booths #2630 and #2632 at the APHA Public Health Expo!

SFDPH Highlights

Public Health Accreditation and San Francisco's Community Health Improvement Plan (CHIP)

The San Francisco Public Health Department is preparing to apply for public health accreditation, and, as part of that process, we are creating a CHIP in collaboration with San Francisco's nonprofit hospitals, academic partners, and the broader community. A CHIP is a community-driven and action-oriented plan outlining our community's health vision, values, and priority health issues. The CHIP provides an opportunity for SF to create an innovative local model of community-centered health improvement that builds on our strong history of partnering with the community to identify priority health needs and improve population health. San Francisco will update its CHIP every 3-5 years.

Come visit the SFDPH booths to see murals created during the community visioning process!

Sustainable Communities Index (SCI)

The Sustainable Communities Index, formally known as the Healthy Development Measurement Tool (HDMT), is a system of over 100 performance measures that are used to track progress towards a livable, equitable and healthy San Francisco. The SCI was developed in 2006 by the San Francisco Department of Public Health through an 18-month long community participatory process to help understand the health and social impacts of new development in San Francisco neighborhoods. The tool is now routinely used to improve development plans and prioritize health in city initiatives.

Healthy San Francisco! Our health access program

Healthy San Francisco is a program created by the City of San Francisco that makes health care services accessible and affordable for uninsured residents. The program offers a new way for San Francisco residents who do not have health insurance, to have basic and ongoing medical care.



It is available to all San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions.

For more info: <http://www.healthysanfrancisco.org/>



San Francisco Dept of Public Health
City and County of San Francisco
101 Grove Street
San Francisco, CA 94102
www.sfdph.org



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San Francisco Department of Public Health

APHA Exhibit Booths (#2630 and #2632)

San Francisco, CA
October 2012

INSIDE THIS BROCHURE:

SFDPH Representatives at the booth:
Schedule and Program Descriptions

SFDPH Highlights

Contact information

For more information about the programs and highlights listed in this brochure, contact the Community Health Promotion and Prevention section of SFDPH at chpp.dph@gmail.com by November 30, 2012.

SFDPH Representatives AT THE BOOTH: Schedule and Program Descriptions

Come visit the booth for examples of best practices for public health and prevention in San Francisco

Sunday 10/28 2:00pm-5:30pm

SAN FRANCISCO GENERAL HOSPITAL (SFGH) COMMUNITY WELLNESS PROGRAM works to promote and encourage wellness practices for patients, staff, and all San Franciscans. Wellness classes are designed to accommodate patients and staff at all levels of physical abilities and/or limitations. **Nasrin Aboudamous, BS—Community Wellness Program Coordinator; Blue Walcer, MPH—Wellness Innovator and CARE (Cancer Awareness Resources and Education) Director**

SFGH WOMEN'S HEALTH CENTER is a women's specialty clinic, providing perinatal care to more than 2000 women annually. Services include classes for expectant parents, family planning and other perinatal services. **Margaret Leung, MSPH, MA—Health Educator**

NEWCOMERS HEALTH PROGRAM, based at SFGH's Refugee Medical Clinic, provides health assessment, and health education and referrals to newly arrived refugees, asylees and victims of trafficking. Over 200 patients per year come from over 30 different countries. Five multilingual and multicultural health workers and interpreters provide direct services and resettlement assistance in 8 languages. **Cristy Dieterich, MPH, CHES—Health Educator and Program Coordinator**

COMMUNITY AND HOME INJURY PREVENTION PROGRAM FOR SENIORS (CHIPPS) is a community health program striving to prevent older adults from sustaining injuries at home. The program increases awareness in seniors and caregivers on senior home injuries. CHIPPS also provides home safety services at no cost to San Francisco residents 60 years and over. **Cheryl Jones—Community Health Worker; Martina Li, MPH(c)—Community Health Graduate Intern**

Monday 10/29 9:30am-1:30pm

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER provides acute care, skilled nursing, and rehabilitation services to a safety net population of 765 seniors & adults with disabilities. **Marc Slavin—Community Relations Director**

ENVIRONMENTAL HEALTH—PROGRAM ON HEALTH, EQUITY, AND SUSTAINABILITY works to advance healthy environments and social justice by facilitating dialogue among public agencies and community organizations; expanding the public understanding of the relationships between the natural, built and social environments and human health; conducting research; and developing tools to assess how health is affected by the built environment. **Lindsey Realmuto, MPH—Health Program Planner**

Monday 10/29 9:30am-1:30pm (cont)

ENVIRONMENTAL HEALTH—SOLID WASTE PROGRAM ensures that solid waste is handled in accordance with City and County of San Francisco and state laws. The Mandatory Refuse Service Unit ensures that all residential and commercial properties have adequate, approved, licensed refuse collection service. The Refuse Lien Unit ensures that all properties maintain and pay for refuse collection service. **Uziel Prado, MPH, REHS—Supervisor**

THE CHILDREN'S ENVIRONMENTAL HEALTH PROMOTION PROGRAM provides information and education to community agencies, medical providers, and interested groups on children's environmental health issues and concerns. Program staff provide information, education, and training on topics such as lead-safe homes, asthma management, less toxic housecleaning, pest control, and habitable housing code enforcement resources. **Janet Palma, MSEM, AICP, REHS**

HEALTHY HOUSING AND CODE ENFORCEMENT PROGRAM takes complaints about community hazards, nuisances, unsanitary conditions and pests. The Healthy Homes proactive program inspects all residential building common areas with three or more units to ensure compliance with the San Francisco Nuisance Code. **Janet Palma, MSEM, AICP, REHS—Environmental Health Investigator**

Monday 10/29 1:30pm-5:30pm

MATERNAL CHILD AND ADOLESCENT HEALTH promotes the health and well being of women of childbearing age, children, adolescents and their families. This is accomplished through programs that implement community assessment, evaluation, outreach, case management, advocacy, education, training, and policy development to improve access to health promotion and health care services. **Anna Grajeda, PHN—Foster Care Nurse Care Coordinator; Greg Cutcher, PHN—Children's Medical Services Director**

THE FEELING GOOD PROJECT promotes healthy eating and physical activity as a way to prevent chronic disease to low income SF residents. It is funded by USDA SNAP-Ed, through the California Department of Public Health's Network for a Healthy California. **Laura Brainin-Rodriguez, MPH, MS, RD—Coordinator; Joyce Pleasant, MS**

BRIDGE HIV collaborates with communities to conduct innovative research that will guide HIV prevention locally and globally. The program is committed to providing leadership in the development and testing of strategies to prevent HIV infection and disease progression. **David Nalos—Community Education Manager**

Tuesday 10/30 9:30am-1:30pm

HIV PREVENTION SECTION SUBSTANCE USE RESEARCH UNIT investigates pharmacologic and behavioral interventions that contribute to reducing new HIV infections and increasing health equity in San Francisco. **John Farley—Recruitment Coordinator; Milo Santos, MPH, PhD(c)—Epidemiologist**

THE DEEMED APPROVED USES ORDINANCE is a San Francisco City & County regulation that requires businesses that sell alcoholic beverages off-sale maintain their businesses in a lawful and beneficial manner for the public and the surrounding community. **Buffy Bunting, MPH, CHES—Program Coordinator**

NEWCOMERS HEALTH PROGRAM, (see program description from Sunday). **Cristy Dieterich, MPH, CHES—Health Educator and Program Coordinator**

Tuesday 10/30 1:30pm-5:30pm

SHAPE UP SAN FRANCISCO is focused on creating healthy eating and active living environments with a specific focus on increasing physical activity, increasing access to healthy food and decreasing consumption of sugar sweetened drinks. Shape Up SF has many initiatives including Rethink Your Drink, Safe Routes to School, Southeast Food Access, Bayview HEAL Zone and the PE Advocates. www.shapeupsf.org **Christina Goette, MPH—Senior Health Program Planner**

COMMUNITY AND HOME INJURY PREVENTION PROGRAM FOR SENIORS (CHIPPS). (See program description from Sunday). **Cheryl Jones—Community Health Worker**

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER (see program description from Monday). **Laurie Agrillo, RN, PHN, CNS, MS—Nurse Educator**

Wednesday 10/31 8:30am-12:30pm

HIV PREVENTION SECTION: The mission of the HIV Prevention section is to prevent new HIV infections in San Francisco through a combination of community and clinic based programs run by SFDPH staff or by partners in the community. **Morgan Welbert—Campaign Coordinator**

SOUTHEAST HEALTH CENTER is part of San Francisco's Community-Oriented Primary Care Network. In addition to primary care, services include behavioral health, comprehensive HIV care, the prison re-entry clinic, and other specialty medical and social support. **Tamara Thomas—Behaviorist Assistant; Laura Starbird, RN, MS, CNS, APHA-BC—HIV Educator**

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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Web Site: <http://www.sfdph.org>

MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 2, 2013, 4:00 p.m.

**101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102**

1) CALL TO ORDER

Present: Commissioner Sonia E. Melara, MSW, President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner Belle Taylor-McGhee

The meeting was called to order at 4:03pm.

GOVERNMENT
DOCUMENTS DEPT

APR 19 2013

SAN FRANCISCO
PUBLIC LIBRARY

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 19, 2013.

Commissioner Chow noted that his amendment to the resolution honoring Tangerine Brigham should have added the term "physician groups" as written below:

WHEREAS, under her leadership, the Department launched the Healthy San Francisco program in 2007, successfully partnering with San Francisco's community clinics, non-profit hospitals, *physician groups* and the San Francisco Health Plan to launch and sustain a nationally-recognized health access program for San Francisco's uninsured; and

Action Taken: The minutes of the March 5, 2013 Health Commission meeting were unanimously approved with the correction noted above.

3) DIRECTOR'S REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Public Health Week, April 1-7, 2013

In 1995, former President Clinton proclaimed the first full week of April as National Public Health Week (NPHW). Each year since then, the public health community has celebrated this observance by focusing on an issue that is important to improving the public's health. The theme of this year's National Public Health Week, "Public Health is Return on Investment: Save Lives, Save Money" focuses on ways evidence-based public health

programs will result in healthier communities and reduced cost in treating diseases. Each day has a different theme.

New Prevention Integration Practice and Science Leadership Group

Building on the concept of "Return on Investment: Saving Moneys, Saving Lives" theme of Public Health Week 2013, the Population Health Division is pleased to announce the launch of a new Prevention Integration Practice and Science (PIPS) Leadership Group to strengthen the science of prevention practice and recognize the impact of prevention. PIPS Leadership Group membership will be open to all staff from across DPH who are interested in strengthening existing or engaging in prevention efforts. This is an exciting time for prevention efforts. To join, learn more or share thoughts about this Leadership Group, contact Gary Najarian at gary.najarian@sfdph.org or Patricia Erwin at patricia.erwin@sfdph.org.

Shape Up with the Annual Walking Challenge: April 1 - June 7

Perhaps as part of your own observance of Public Health Week, the Commissioners may wish to consider participating in the Shape Up Walking Challenge. It's not too late to sign up. All San Francisco Commissioners, residents and workers, are welcome to join us as we walk the coastline of California (1016 miles). Whether you choose to walk, bike, run, swim, skate, skip, or square dance for exercise, it all counts. As of March 27th, 90 teams with over 950 participants are ready to compete for the most miles. Visit <http://shapeupsfwalkingchallenge.org> for more information and to register.

Tier 1 Grants for Direct Access to Housing Program

On March 13th the U.S. Housing and Urban Development (HUD) Department announced the award of \$1.5 billion in grants to fund the operation of 7,000 state and local homeless, housing, and service programs across the country. These grants are referred to as Tier 1, or high priority grants. San Francisco received \$19,624,008 in Tier 1 grants which will support 50 existing housing and services programs, including two Supportive Housing Program grants for the Housing and Urban Health Section Direct Access to Housing program.

Laguna Honda Gift Fund Accepts Major Gift from Knight Trust

I am pleased to report that the Laguna Honda Gift Fund is the recipient of a \$500,000 gift from the trust of the late Dolorous Knight. Mrs. Knight, a resident of San Francisco's Excelsior District, died in 2012 at the age of 98. She was a longtime supporter of community projects and public works. The Gift Fund will use the money to support the quality of life and independence of Laguna Honda residents that cannot be addressed through public funding such as tickets for concerts, movies, cultural celebrations and sporting events. We are deeply grateful to the Knight Trust for their contribution to the LHH Gift Fund.

Adolescent Health Working Group to Address Trauma

The San Francisco Adolescent Health Working Group, in collaboration with the Department's Community Behavioral Health Services division, invites the Commissioners and any others who are interested in learning about and discussing how to design programs and services for people who have suffered trauma in their lives to join them for the 10th Annual Teen/Young Adult Provider Gathering, Friday, May 10, 8:30 a.m.- 4:30 p.m. at the San Francisco State Building, 445 Golden Gate Avenue. This annual provider's gathering will draw nearly 250 attendees from health, juvenile justice, education, and workforce and youth development programs who share an eagerness to improve citywide coordination of services to individuals and families for whom trauma has played a major and significant role in their lives. Online registration is open at <https://www.ahwg.net/onevent/events.php>. Early registration is encouraged as the provider gathering is always a sell-out.

Free EPA Lead Certification Training for Spanish Speakers

The Children's Environmental Health Promotion Program and community partner, LEAD FREE, have teamed up to reach contractors who do renovation and repair work to buildings built before 1978 to offer their Spanish-

speaking workers a free training that meets USEPA's Lead Renovation, Repair and Painting Rule (RRP Rule) requirements. 91% of San Francisco's housing is covered by the RRP Rule.

USEPA requires this RRP certification training because common renovation, repair, and painting activities that disturb lead-based paint, such as sanding, scraping, cutting, replacing windows, at the same time create hazardous lead dust and chips which are harmful to children, adults and pets. Having trained and certified workers lower the risk of lead poisoning from home renovation activities to both residents and workers.

COPC-QI Wins Challenge Grant

Congratulations to Community Oriented Primary Care Quality Improvement (COPC-QI) which was awarded a Safety Net Innovation Challenge Grant by the Center for Care Innovations, in partnership with the Blue Shield of California Foundation. COPC was one of 12 recipients statewide who were funded to support new ideas for improving access in primary care.

Department to Observe Nurses Week in May

National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing. As in year's past, the nursing leadership groups throughout the Department are planning a series of activities to celebrate nurses and their contribution to our healthcare system, our nation, and our lives. I hope the Commissioners will make time in their schedules to attend one of the many observances being planned. Here is a partial list of events.

Laguna Honda Hospital & Rehabilitation Center

May 6 - Nursing High Five's (Nursing Leadership meets and greets each staff all shifts)

May 7 - Nursing Fair 11 am – 2 p.m. (Posters, Wellness, Neighborhood Best Practices, etc)

May 10 - Keynote Speaker TBD and Reception

San Francisco General Hospital

May 9 –Nurses Week Reception & Awards Ceremony, 5 p.m. – 7 p.m.

Community Oriented Primary Care

To kick off Nurses Week, COPC and SFGH primary care nurses will participate in the first session of a year-long Primary Care Nursing Leadership Academy the last week in April. The Academy spans 12 months and offers four in-person sessions. It will focus on leadership training and development, quality improvement and clinical excellence. The Academy is a unique opportunity for community and hospital-based primary care nursing to come together to learn, share best practices, and engage in strategizing how the nursing role can develop in the climate of health care reform.

Women Making History Award

Please join me in congratulating Stephanie Felder, Director of CBHS Comprehensive Crisis Services, as a recipient of the prestigious "Women Making History" Award. Each year, in celebration of National Women's History Month, the SF Commission and Department on the Status of Women, in partnership with the Mayor and the Board of Supervisors, recognize the exceptional contributions of women in the community. Ms. Felder was recognized on March 19th at a ceremony hosted by the Board of Supervisors. Supervisor John Avalos honored her for her exceptional team leadership in providing mental health services in the community, particularly for those families impacted by incidents of violence or suicide.

Commissioner Comments/Follow-Up:

Commissioner Melara noted that violence and trauma of children were not included in any of the Public Health Week activity categories. Director Garcia stated that the categories were created by the federal government.

Public Comment:

Francisco Da Costa stated that we just heard the DPH Director paint a picture that everything is fine. However, the public needs to get a report on each of the issues in the report. The Commissioners should make sure the report is posted on the internet.

Steve Zeltzer, United Public Workers for Action, stated that he thinks the Health Commission meetings should be video-taped. He stated that the retaliation against the two Laguna Honda Hospital (LHH) doctors is outrageous. He noted that the DPH staff members who "perpetrated" the retaliation are still on the payroll. He called for an end to a culture of bullying whistleblowers.

4) GENERAL PUBLIC COMMENT

Patrick Monette-Shaw stated that in his upcoming article in the Westside Observer, he will use the following quotes from Kerr's lawyers Kochan and Stephenson: "In our experience, negotiating non-monetary terms as part of a settlement is relatively rare. But here, we believed it very important that LHH's administration publicly acknowledge the lies they told about Drs. Kerr and Rivero, as well as acknowledge the extraordinary service the two MD's provided to the community during their long and distinguished careers at LHH." "The deceitfulness and small-mindedness exhibited by members of LHH's administration and its Human Resources Department was, at times, breathtaking." "The City was boxed in by the inconsistent accounts of its own witnesses and the absolute nonsense of some of their testimony on critical issues."

Peter Warfield stated that keeping public comment to two minutes is unfair; the Sunshine Ordinance specifies that public comment should be three minutes. He added that the "LHH Update" agenda item does not clearly indicate anything regarding Dr. Kerr's settlement.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Chung, Chair, stated that the Committee reviewed the 5-Year Budget Evaluation Tool and heard that it has been useful but still needs some fine tuning. The Committee also reviewed and recommended the April Contracts Report, containing the revised Sole-Source Contractor list, and the new contract with Asian Week Foundation.

Commissioner Chow noted that because he is a Board member of NICOS, a DPH contractor, he will abstain from the vote on the Contracts Report which lists NICOS on the revised Sole-Source Contractor list.

6) CONSENT CALENDAR

Action Taken: The following were unanimously approved:

- APRIL CONTRACTS REPORT (Commissioner Chow abstained from this vote)
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH ASIAN WEEK FOUNDATION IN THE AMOUNT OF \$192,723, WHICH INCLUDES A 12% CONTINGENCY, TO PROVIDE FISCAL INTERMEDIARY SERVICES TO SUPPORT THE HEAL SF B: HEPATITIS B IDENTIFICATION AND LINKAGE TO CARE PROGRAM FOR FOREIGN-BORN PERSONS WITH HEPATITIS B, FOR THE PERIOD OF MARCH 1, 2013 THROUGH SEPTEMBER 29, 2013 (7 MONTHS).

7) LHH UPDATE

Mivic Hirose, LHH Chief Executive Administrator, read a memo regarding the contributions of Dr. Derek Kerr to LHH's Hospice and Palliative Care Program from 1989-2010; the 2013 Leadership Award from the California Coalition for Compassionate Care; and the announcement of a donation from The Friends of LHH which will enable a new gazebo to be built in the LHH Hospice and Palliative Care garden area.

Public Comment:

Dr. Derek Kerr was critical of the DPH decisions concerning his employment and submitted the following written comment:

Three years ago today, we reported Laguna Honda's looting of the patient gift fund. Today's settlement was not awarded by an emotional jury. It came from hard-nosed City attorneys who tested every pretext, every lie, and every smear used by the defendants to deny their whistleblower retaliation. Even our budget conscious Board of Supervisors approved \$750,000 unanimously. That's because the depositions were disastrous for the City; full of untruths, hubris, amnesia and pitiful contradictions. This retaliation was more than one blunder by one clueless administrator. It was orchestrated-over 3 months-by a perpetrator, her enablers, and carefully chosen lackies. Tolerating such reprisals promotes a culture of dishonesty and corruption. To date, neither Health Director Barbara Garcia nor Health Commission President Sonia Melara have issued any statement affirming whistleblower rights. Silence signals that you accept incompetence and misconduct. Please try to restore public trust.

Dr. Maria Rivero was critical of the Department of Public Health's (DPH) decisions concerning Dr. Kerr's employment and submitted the following written comment:

Dr. Derek Kerr and I blew the whistle on misappropriations from the Laguna Honda Gift fund and tainted DPH contracts. Then after 20 years at Laguna Honda I was bullied and forced out. Dr. Kerr was terminated. Mivic Hirose, Laguna Honda's CEO, has admitted that she made the decision to terminate Dr. Kerr's employment. What is the message you send when a CEO who retaliated against a whistleblower is still in office? It shows that you condone WB retaliation and violations of Laws that protect WB. It shows that you will accept executives that pilfer public funds donated to the poor. It shows you support a culture of dishonesty and incompetence at Laguna Honda Hospital. Mivic Hirose stands by her decision to terminate Dr. Kerr Attending Physician of the renowned Laguna Honda Hospice, and a whistleblower. Mivic Hirose obviously doesn't "get it" please consider this.

Ashley Beyer was critical of the DPH decisions concerning Dr. Kerr's employment and submitted the following written statement from Jeannie Kayser-Jones, UCSF School of Nursing Professor Emeritus:

I remember how Dr. Kerr was so involved in every aspect of the hospice. He would come in on the weekends to plant flowers in the garden, he was involved in choosing the color of the paint in the main lounge, and how wonderful it was to come in on the Friday evenings when they had food and wine, and Dr. Kerr would be there in a tuxedo coat serving the residents and their visitors. I had never in all the years that I have been in health care met a physician who cared so much for his patients. I have often said that if I were dying and could not be cared for at home, I would want to be on the LHH hospice with Dr. Kerr and Nahid taking care of me.

Ruth Tubbs, UCSF nursing student, stated that she has the utmost dedication and respect for Dr. Kerr and Dr. Rivero. She is sad that these talented physicians are no longer seeing patients at LHH. She was critical of the DPH decisions concerning the employment of Dr. Kerr.

Lynn Carman, Coalition to Save Public Health, supported the recognition of Dr. Kerr but reminded the Commission that the theft from the Gift Fund was not punished. He thinks it would be fitting if the LHH CEO on duty during the time of the theft to resign or to discharge her.

Vivian Imperiale, supported the recognition given to Dr. Derek Kerr but was critical of the DPH decisions concerning Dr. Kerr's employment. She submitted the following written comment:

This was a situation in which everyone at Laguna Honda suffered: doctors, patients, demoralized staff, and well-intentioned, but deceived, donors. Dr. Derek Kerr set an international model by masterminding innovative programming and treating hospice patients with dignity. Dr. Maria Rivero was revered by patients for the homelike, caring setting she created and nourished. It was stunning to

see the system's lackadaisical response to the unearthed facts and the subsequent retaliation against the doctors. They should have been lauded for their due diligence, not removed. They sought help to no avail. The system set them up and betrayed them and us, as well. No City employee should have to go to court to seek justice. San Franciscans want honesty and transparency. Instead, we witnessed a see-no-evil, speak-no-evil service system that protected the status quo over professional ethics. That is simply unacceptable.

George Wooding, West of Twin Peaks Central Council and Coalition for San Francisco Neighborhoods, stated that the manner in which this situation was dealt with has resulted in LHH being isolated from the neighbors who were repulsed at the "looting" of the LHH Patient Gift Fund and the firing of the two doctors. He was supportive of the recognition of Dr. Kerr but was critical of the decisions made by the DPH regarding Dr. Kerr's employment.

September Williams, physician and bioethicist, was supportive of the recognition of Dr. Kerr but was critical of the decisions made by the DPH regarding Dr. Kerr's employment. She submitted written comment:

For the years from 2005-2011 it was my honor to serve the sickest and poorest people in the City and County of San Francisco at LHH. It is the nature of human progress that moral intuition does not strike all people at the same moment. Dr. Derek Kerr's moral intuition is highly tooled. This is probably the result of 21 years of working intimately with dying people who through their vulnerability push the boundaries of ethics daily. It is my hope that the City and County of San Francisco Health Commission will work diligently to make it possible for ethical conflicts to be explored and best moral action without repeated recourse to legal measures. My suggestion would be through establishing a truth and reconciliation processes which expand moral intuition, and advance the progress to more ethical institutions good governance and as it happens better patient and community care.(The original comment has been shortened to fit the 150 word maximum.)

Nahid, retired LHH Hospice Manager, stated that during her tenure, she witnessed more corruption at LHH than in her home country of Iran. She was supportive of the recognition of Dr. Kerr but critical of the DPH decisions concerning Dr. Kerr's employment.

Patrick Monk, former LHH hospice volunteer, was supportive of the recognition of Dr. Kerr but was critical of the decisions made by the DPH regarding Dr. Kerr's employment. He submitted written comment:

The lives and deaths of tens of thousands of people have been touched by the work of this remarkable man. He established an approach of bring respect, care, compassion and laughter into the lives of those approaching death, both patients and their loved ones, especially the "less fortunate." The early days of the AIDS epidemic were particularly challenging as a younger generation were confronted by their mortality. Dr. Kerr was one of the first medical professionals to open the door to that dark and scary room and step inside. True heroes are those who lead by example. Dr. Kerr is one of those. This city lost one of it's treasures when Dr. Kerr "retired from public service, unfortunately the same cannot be said of those who orchestrated his departure. I thank the City for finally acknowledging the rightness of his cause and the debt we owe him.

Peter Buxtun, resident of SF, stated that he is an outsider to all that has gone on but was supportive of the recognition of Dr. Kerr.

Mathew Stephenson, one of the attorneys that represented Dr. Kerr in his suit against CCSF, was supportive of the recognition of Dr. Kerr but critical of the DPH decisions concerning Dr. Kerr's employment. He urged the Commissioners to review the testimony of the DPH staff involved in the case.

Laura Stillman, hospice volunteer, stated that love and community was so inclusive within the whole hospice team; it was a loving environment that enabled people to die with dignity. She was critical of the DPH decisions concerning Dr. Kerr's employment.

Patrick Monnette Shaw was supportive of the recognition of Dr. Kerr but was critical of the decisions made by the DPH regarding Dr. Kerr's employment. He submitted the following written comment:

I'm Patrick Monette-Shaw, here on my own time — as a Civic Duty to exercise First Amendment Rights to free speech. The very free speech that LHH has used twice to fire Dr. Ulrich in 1998, and 22 years later, Dr. Derek Kerr in 2010. First Amendment lightning has struck LHH twice —resulting in wrongful termination and retaliation against two physicians, costing over \$2 million between both cases. Laughably, the City argued Kerr's speech wasn't protected by the First Amendment because it "didn't address matters of public concern," as if the raid of patient funds didn't concern public donors. Much of the City's defense regarding Kerr's termination were pretexts manufactured to justify his termination, but were actually pretexts for Hirose's retaliation against Kerr. During the LHH-JCC's subcommittee meeting last Tuesday, Hirose openly smirked while Kerr was testifying about Ethics training. Hirose clearly doesn't get the gravity. Barbara Garcia should terminate Hirose.

Sherrie Matza was supportive of the recognition of Dr. Kerr but was critical of the decisions made by the DPH regarding Dr. Kerr's employment. She submitted written comment:

Every action I take is measured against whether I am meeting or being consistent with, that objective. Dr. Kerr did that too; his objective was to provide the best care for the residents of LHH, in all respects. This objective should have been the focus for all of the LHH administrators, but it alas, appeared not to be the case. The retaliation taken by such LHH administrators-to dismiss Dr. Kerr-only occurred after he brought to light certain improprieties in the management of the LHH Gift Fund-a Fund that was to be for the benefit of the residents but was instead used for other purposes. If City bureaucrats only did this one simple thing...focus on the core objective-this could have been avoided. Can we please have this case as a reminder to "do the right thing" in the future? (The original comment has been shortened to fit the 150 word maximum.)

Betty Carmack, School of UCSF nursing, stated that she knows Dr. Kerr to be a man of compassion and integrity. She was critical of the DPH decisions concerning Dr. Kerr's employment.

Hulda Garfalo, former member of the 2010 Civil Grand Jury, was supportive of the recognition given at the meeting to Dr. Kerr but was critical of the DPH decisions concerning Dr. Kerr's employment.

Paul Kelly, LHH Hospice social worker, stated that Dr. Kerr touched him deeply and he is sad that there was not a chance to say a proper good-bye. He was critical of the DPH decisions concerning Dr. Kerr's employment.

Jeanine Bray stated that she was privileged to work at LHH as recreational therapist and to work with Dr. Kerr who had the most integrity. She was critical of the DPH decisions concerning Dr. Kerr's employment.

Francisco Da Costa was critical of the DPH decisions Dr. Kerr's employment and was supportive of the recognition given to Dr. Kerr.

James Kenneth Terry, current DPH Behavioral Health Center (BHC) employee, was supportive of the recognition given to Dr. Kerr but was critical of the DPH decisions concerning Dr. Kerr's employment. He encouraged the Health Commission to take a stance on the culture of bullying within the DPH.

Sarah Larson, current DPH BHC employee, was supportive of the recognition given to Dr. Kerr but was critical of the DPH decisions concerning Dr. Kerr's employment. She stated that the BHC is treated like a "back" ward and does not have access to necessary resources.

Teresa Palmer, who worked as a geriatric physician at LHH, was supportive of the recognition given to Dr. Kerr but was critical of the DPH decisions concerning Dr. Kerr's employment.

Michael Lyon, Gray Panthers, was supportive of the recognition given to Dr. Kerr but was critical of the DPH decisions concerning his employment. He encouraged the DPH and the Health Commission to stop the bullying culture.

Anonymous #4223 was supportive of the recognition given to Dr. Kerr but was critical of the DPH decisions concerning his employment. He stated that this case reveals the poverty of the whistleblower protections. He added that management supposed to be able to address internal issues and that whistleblowing is a "back stop" which indicates management problems.

Nancy Wuerfel, a UCSF SFGH employee for 22 years, was critical of the DPH decisions concerning Dr. Kerr's employment. She holds the Commission responsible to have integrity.

Tony Hall, former Supervisor from San Francisco District 7, was supportive of the recognition given to Dr. Kerr but was critical of the DPH decisions concerning his employment. He stated that he holds the Health Commission responsible for not stopping the situation.

Ray Hartz Jr., Director of San Francisco Open Government, stated that members of the public do not have to identify themselves; all speaker cards are voluntary; and someone wishing to make a comment does not need a speaker card. He added that Dr. Kerr and Dr. Rivero knew that retaliation may be involved when they chose to speak up. This situation gives the example to other City employees that if someone speaks up, their career will be ruined. He was critical of the DPH decisions concerning the Dr. Kerr's employment.

Howard Chabner, stated that when his mother was a patient at LHH, he got to know both Dr. Rivero and Dr. Kerr. He was supportive of the recognition given to Dr. Kerr but was critical of the DPH decisions concerning Dr. Kerr's employment.

Douglass Yep was supportive of the recognition given to Dr. Kerr but was critical of the DPH decisions concerning Dr. Kerr's employment. He suggested that Dr. Kerr investigate the 1999 suspicious disappearance of a gay man which he believes the City actively tried to cover up.

Peter Warfield was supportive of the recognition given to Dr. Kerr but was critical of the DPH decisions concerning Dr. Kerr's employment. He stated that every day the Health Commission does not take actions to improve matters, its members send a signal to the public that there is no protection for whistleblowers.

Hal Smith, member of the 2010 Civil Grand Jury, stated that the only positive outcome of the situation is that current and future whistleblowers will have a role model who can help them navigate the systems in San Francisco. He was supportive of the recognition given to Dr. Kerr but was critical of the DPH decisions concerning Dr. Kerr's employment.

Commissioner Melara thanked the speakers for attending the meeting and for their comments.

8) PUBLIC HEALTH WEEK: RESOLUTION

Patricia Erwin, Acting Director, Community Health Promotion and Prevention Section, gave the presentation of the resolution.

Action Taken: The Resolution Honoring Public Health Week, April 1-7, 2013, was unanimously approved.

9) 2012 AMERICAN PUBLIC HEALTH ASSOCIATION CONFERENCE UPDATE

Patricia Erwin, Acting Director, Community Health Promotion and Prevention Section, Jodi Stookey, PhD, Epidemiologist, Maternal, Child and Adolescent Health; Christina Goette, MPH, Sr. Health Program Planner-Chronic Disease Prevention, Community Health Promotion and Prevention Section; Carol Chapman, Health Program Coordinator, Community Programs; and Monica R. McLemore RN, MPH, PhD, Charge Nurse, Women's Options Center, Co-Chair, Research Council San Francisco General Hospital, gave the presentation.

Commissioner Comments/Follow-Up:

Regarding data on individuals who are homeless in San Francisco, Commissioner Chow asked what percent of clients seen by the DPH are considered homeless. Ms. Chapman stated that approximately 20-40% of clients seen by DPH providers are considered homeless.

Commissioner Chow asked the expected timeline for the development of the homeless report. Ms. Chapman stated it will take approximately 6 to 12 months.

Commissioner Chung asked how homelessness is defined for the purpose of the report. Ms. Chapman stated that for the purpose of the report, the definition of homeless is living outdoors, in a car, abandoned building or stabilization rooms in single residence occupancy hotels. She added that it is very difficult to measure data on those individuals who are "couch surfing" or living in substandard housing.

Commissioner Chung stated that getting an accurate number of homeless people is important when designing and maintaining the service system. She added that there are people who are transient who will not be staying in San Francisco but there are other homeless individuals who permanently reside here.

Commissioner Melara asked if the numbers of homeless people being discussed are unduplicated and whether data shows the number of transient versus those people who live here on a more permanent basis. Ms. White stated that the data of homeless people is for unduplicated clients. Director Garcia stated that the analysis is of existing DPH data which is limited to the existing DPH data systems.

Commissioner Taylor-McGhee stated that the mortality rate of African American mothers in California is four times that of other ethnic groups. She asked if the DPH has data on mortality rates of African American mothers in San Francisco. Dr. Stookey stated that she can send this data to the Health Commission through Mr. Morewitz at a later time.

Commissioner Melara requested that whenever possible, to include data on health disparities within the African American communities in San Francisco, in presentations made to Health Commission.

Commissioner Melara stated that she understood that San Francisco has the lowest rate of teen pregnancies but highest rate of African American teen death rates. Mary Hansell, MD, Director of Maternal Child Health Section, stated that DPH has data on the birth rate of teenagers in San Francisco. This data does not give pregnancy rate because it does not include pregnancy termination data.

Commissioner Chow asked if the DPH sends staff to present at the APHA conference when it is not located in San Francisco. Director Garcia stated that, as part of an effort to save money, she has limited the amount of General Funds spent on conferences. Many of the Sections receive grant funds which cover conference costs.

Commissioner Melara noted that none of the Public Health Week activity categories include mention of anti-violence programs for children. Ms. Erwin stated that within the DPH African American health disparity efforts, the DPH will be focusing on the impact of trauma and violence on this population. Director Garcia stated that the Mayor's Office has recently initiated an Office on Violence Prevention and suggested that the Community and Public Health Committee hear a presentation on this initiative.

10) OTHER BUSINESS

JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chow, who chaired the March 26, 2013 LHH JCC meeting, stated that the Committee heard an update on the Gift Fund and approved a pilot project of Weight Watchers for residents which had been recommended by the LHH Resident Committee. The Committee also heard updates on Health at Home and a neuro-behavioral pilot program. The Committee reviewed and approved policies and requested that SFGH and LHH work together to develop a uniform procedure and format for sharing draft policies with the JCC members.

COMMITTEE AGENDA SETTING

Mr. Morewitz noted that the next full Health Commission meeting will be on April 23, 2013 at 4pm.

11) CLOSED SESSION

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

Personnel Evaluation: Mark Morewitz, Health Commission Executive Secretary

- D) Reconvene in Open Session

Action Taken: The Health Commission voted not to disclose discussion of the item in Closed Session.

12) ADJOURNMENT

The meeting was adjourned at 6:44pm.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, April 23, 2013, 4:00 p.m.

101 Grove Street, Room 300 or Room 302

San Francisco, CA 94102

1) CALL TO ORDER

2) PROPOSED ACTION:

APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING
OF APRIL 2, 2013.

**Minutes of the meeting of April 2, 2013*

3) FOR DISCUSSION:

DIRECTOR'S REPORT

(Barbara Garcia, Director of Health)

- Legislation
- Programs
- Budget
- Departmental News
- Announcements

**Director's Report*

4) GENERAL PUBLIC COMMENT**

5) FOR DISCUSSION AND
POSSIBLE ACTION:

COMMUNITY AND PUBLIC HEALTH COMMITTEE

6) FOR ACTION:

CONSENT CALENDAR

7) FOR DISCUSSION AND
POSSIBLE ACTION:

DPH BUDGET FY 2013-2014 and FY2014-2015
(Greg Wagner, Chief Financial Officer)

8) OTHER BUSINESS***

FOR DISCUSSION AND:
POSSIBLE ACTION:

JOINT CONFERENCE COMMITTEE REPORTS

FOR DISCUSSION AND
POSSIBLE ACTION:

COMMITTEE AGENDA SETTING

04-19-13P01:00 RCVD

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9) **CLOSED SESSION**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

Personnel Evaluation: Mark Morewitz, Health Commission Executive Secretary

LHH Credentials Report

- D) Reconvene in Open Session

10) **ADJOURNMENT**

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- ** At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- *** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other

attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org

Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

City and County of San Francisco
Edwin M. Lee, Mayor

Director's Report for Health Commission Meeting of

April 23, 2013

A current overview of issues affecting the state of public health in San Francisco

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Tom Waddell Urban Health Clinic to Open at 230 Golden Gate Avenue

I am very pleased to announce the opening of Tom Waddell Urban Health Clinic (TWUHC) in the Kelly Cullen Community at 230 Golden Gate Avenue (former site of the historic YMCA). On April 15, the Tenderloin Area Center of Excellence (TACE)—a health program for homeless persons with HIV—became the first clinic occupants after a long tenure at 187 Golden Gate. Services for TACE patients will include primary care, case management, and breakfast and art programs. In early summer, Housing and Urban Health Clinic and Tom Waddell Health Center's primary care program will merge and move to TWUHC. Full occupancy of the TWUHC is scheduled to begin on July 8, 2013 when HUHC and TWHC begin operations. The Kelly Cullen Community includes 172 units of supportive housing for the chronically homeless. It is designed for people who face the most complex challenges to live with stability, autonomy, and dignity.

Avian Influenza A:H7N9 Health Update

On Friday, April 12, the Population Health Division, Disease Prevention & Control Branch, Communicable Disease Control Unit, released the Avian Influenza A:H7N9 Health Update via blast fax to the clinical community in San Francisco. The update summarizes current information about the reported cases of Avian Influenza A:H7N9 in China and guidance for clinicians in San Francisco. It is posted on our Health Alerts/Advisories page at <http://www.sfdcp.org/healthalerts.html>. We continue to monitor the progress of this novel virus and will keep the Commissioners, the clinical community and the public apprised of any important information that emerges throughout the upcoming season. Transmission from birds to humans is occurring in several provinces. There is no evidence of sustained human-to-human transmission.

Meningococcal Disease Health Advisory Issued

On Tuesday, April 16, the Communicable Disease Control Section released a Health Advisory: Additional Cases of Invasive Meningococcal Disease in Men Who Have Sex with men in New York City; Updated Recommendations for San Francisco. Although there have been no cases of Invasive Meningococcal disease (IMD) in San Francisco reported in the past 12 months among San Francisco MSM, the advisory changes our recommendations to be more aligned with those

The Whistleblower Program, operated by the Controller's Office, receives complaints regarding the misuse of City funds, improper activities by City officers and employees, deficiencies in the quality and delivery of government services, and wasteful and inefficient City government practices. There are a number of ways to file a complaint. Go to www.sfcontroller.org and click on the Frequently Requested tab to access the Whistleblower complaint instructions in the drop down menu.

of New York City Department of Health and Mental Hygiene. For San Francisco clinicians who provide care for MSM, we are recommending that meningococcal vaccination should be offered to San Francisco MSM and male-to-female transgender persons, regardless of HIV status, whose travel plans include visiting NYC with an expectation of close or intimate contact with MSM in NYC. Other recommendations are included in the health advisory, which can be found on line at <http://www.sfcdep.org/healthalerts.html>. It is important to emphasize that there is no outbreak of IMD on the west coast; there is no outbreak of IMD among MSM on the west coast, including San Francisco.

Noise as a Public Health Issue

Noise is an increasingly common health complaint in San Francisco and reducing environmental noise is a goal in the city's Community Health Improvement Plan. DPH is responsible for the enforcement of regulations governing environmental noise in San Francisco and staff have been exploring several new ways to prevent noise violations and more efficiently address noise concerns with its limited resources. San Francisco laws limit enforcement only to fixed stationary noise sources; in addition to enforcement for existing equipment violations and responding to complaints about equipment that violates the law, staff have been working with the Building Department to ensure that newly-installed building equipment complies with the city's noise rules in the first place. Staff are also exploring how open-source crowd sourcing technologies (www.crowdmap.com) provide better community data on noise concerns and support a more pro-active and targeted approach to monitoring and enforcement actions. Staff are currently exploring partnerships with neighborhood organizations to pilot test tools for crowd sourcing noise complaints. For more information, contact June Weintraub, Manager, Air, Noise, Radiation and Water Hazards.

Compassionate Care Coalition Leadership Award

The Laguna Honda palliative care and hospice program is a 2013 recipient of the Leadership Award given by the California Coalition for Compassionate Care. The award ceremony was held on April 9 at the Airport Hilton in Burlingame. The award recognizes contributions to palliative medicine and end-of-life care in California. Laguna Honda was honored for bringing hospice and palliative care to an economically disadvantaged and culturally diverse population.

Family Planning Quarterly

We are pleased to announce publication of the first edition of the quarterly *Family Planning* newsletter. The inaugural edition looks at the Affordable Care Act, outlining what reproductive health services our patients have access to and offers tips on how to effectively incorporate reproductive health services into the primary care visit. Many thanks to Shivaun Nestor, Health Program Coordinator with the Family Planning Unit, whose hard work in both research and writing made this first edition happen.

Black Infant Health Program Open House

The Black Infant Health Program hosted a successful Open House at their facility on Fillmore @ Eddy St. on Wednesday, April 17th. Staff were on hand to help young Black women take charge of their health, become better mothers and address the poor birth outcomes that challenge this young, vulnerable population.

Healthy Penis Campaign Makes Come-Back

Several years ago, the Department of Public Health's STD Prevention & Control launched the Healthy Penis campaign to encourage MSM to get tested for STDs and HIV. The campaign proved to be very popular among the gay community as well as the public at large. The result of the campaign was a reduction in infection rates, especially among highest risk populations. The campaign ran for a couple of years, and then was retired. Other cities picked it up, including San Jose and Cleveland, where it was also well received.

Responding to community requests to help increase HIV testing, the HIV Prevention Section has reprised the Healthy Penis campaign. The goal remains the same: to increase HIV/STD testing among MSM/Gay men by creating a community norm to "Get Tested every 6 Months." We know that increased testing leads to knowing status and treatment if necessary, which leads to decreased infections. Clients who test get a Healthy Penis "Stress Toy" and a coupon that can be used for discounts, free coffee, and other premiums at over 25 local businesses. This unique and cost effective approach partners with local merchants, community members, CBOs and the DPH.

New Spanish-language Brochure for Behavioral Health Clients

Determining whether an individual has a mental or substance use disorder is the first step to seeking and receiving treatment. The Spanish-language version of *Should You Talk to Someone About a Drug, Alcohol, or Mental Health Problem?* is a consumer brochure that contains a series of questions people can ask themselves to help them decide whether to seek help for a mental or substance use disorder (or both). The brochure urges those who answer "yes" to any of the questions listed to seek help and provides resources on where to find more information. The brochure is available at <http://store.samhsa.gov/product/Deberia-usted-hablar-con-alguien-sobre-un-problema-relacionado-con-lasdrogas-el-alcohol-o-la-salud-mental-/SMA12-4731>.

Community Forums on Workforce Education and Training Five-Year Plan

The Office of Statewide Health Planning and Development (OSHPD) has announced that it plans to convene numerous community forums to solicit feedback on the next Mental Health Workforce Education and Training (WET) Five-Year Plan, 2014-2019. This Five-Year-Plan guides the development of public mental health workforce strategies – at state, regional and local levels – toward an integrated mental health service delivery system. Via 14 community forums, OSHPD seeks feedback on:

- Engagement and employment of mental health consumers and family members in the mental health workforce;
- Engagement and employment of diverse, racial, ethnic, and underrepresented communities in the mental health workforce;
- Incentives to recruit and retain students to mental health careers;
- Education and training programs for mental health providers (expansion, curriculum);
- Reduction of stigma associated with mental illness in the workforce; and
- Regional collaboration on mental health workforce development strategies.

For further information, contact Elvira.Chairez@oshpd.ca.gov, or (916) 326-3635.

A New Suicide Attempt Survivor Support Group

The Mental Health Association of San Francisco & the San Francisco Suicide Prevention Center are collaborating to create a unique group specifically for individuals who are suicide attempt survivors. This group will meet weekly for 12 weeks and will utilize the Wellness Recovery Action Plan (WRAP) curriculum. For more information about the program, contact Jennifer Awa of the Mental Health Association of San Francisco at 421-2926, x307 or jenn@mentalhealthsf.org.

Community Based Participatory Research & Health Equity Conference

The Commissioners and any staff with an interest in research and health equity may want to consider attending the upcoming conference scheduled for June 24th -28th in San Francisco on CBPR (Community Based Participatory Research) and Health Equity. Through our participation on the planning committee, a number of Community Health Promotion & Prevention's partners have been invited to present case studies including the Vietnamese Youth Development Center, the SEFA Food Guardians and Youth Leadership Institute, who will present on healthy retail work, the Community Action Model and other items. For more information or to register, go to <http://cbprinstitute.wordpress.com/register/>.

Trauma Recovery/Rape Treatment Team Honored During National Crime Victims' Right's Week

Each year, in honor of National Crime Victims' Rights Week, the San Francisco District Attorney's office hosts an awards ceremony to honor individuals and organizations who have made outstanding contributions to victims of crime. At the April 25th awards luncheon, San Francisco District Attorney George Gascón will award this year's Justice Award to the Trauma Recovery/Rape Treatment Center staff members Lu Bolin, Kara Duffy, Diana Emerson, Carla Richmond and Tara Croan, for their excellence in treating and supporting victims of sexual assaults. I know the Commissioners join me in congratulating the Trauma Recovery/Rape Treatment team for this very prestigious honor.

San Francisco Black Healing & Health Summit

Marcellina Ogbu, Director, Community Programs, was this year's keynote speaker at the Sixth Annual Black Healing and Health Summit on Saturday, April 20 at San Francisco State University. The health summit explored the issues that impact the Black community in San Francisco and the Bay Area, including HIV-AIDS, gun violence, high blood pressure, stress and mental health. One of the outcomes of the summit was a renewed commitment to establish policies that will impact and help to improve the conditions of San Francisco's Black community and all marginalized communities.

Welcome to the World Documentary Scheduled at SFGH

The 78-minute BBC documentary, *Welcome to the World*, by award-winning British director Brian Hill, will be shown on at San Francisco General Hospital conference room 6-D12 on Wednesday, April 24, 1:00 p.m. and again on Tuesday, April 30, at 4:00 p.m. The film follows the birth experiences of women in four countries—Sierra Leone, Cambodia, the UK and the USA. San Francisco's Homeless Prenatal Program (HPP) and SFGH's Labor and Delivery are featured in the USA segment.

**COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**

**April 2013
Governing Body Report - Credentialing Summary
(3/21/13 BUSINESS-MEC)**

	4/2013	07/2012 to 06/2013
New Appointments	9	152
Reinstatements	0	1
Reappointments	53	438
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	24	160
Disciplinary Actions	0	0
Administrative Suspension	0	1
Restriction/Limitation-Privileges	0	1
Deceased		
Changes in Privileges		
Voluntary Relinquishments	14	121
Additions	12	130
Proctorship Completed	18	231

Current Statistics – as of 3/4/2013

Active Staff	526
Courtesy Staff	510
Affiliated Professionals (non-physicians)	241
TOTAL MEMBERS	1,277

Applications in Process	34
Applications Withdrawn Month of April 2013	0
SFGH Reappointments in Process 5/2013 to 7/2013	157

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

April 2013

Health Commission - Director of Health Report

(April 11, 2013 Medical Exec Committee)

	April	(FY 2012-2013) Month-to-Date
New Appointments	0	5
Reinstatements	0	0
Reappointments	5	34
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	0	11
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	14
Proctorship Extension	1	1

Current Statistics – as of 3/28/2013

Active Medical Staff	35
As-Needed Medical Staff	12
External Consultant Medical Staff	47
Affiliated Professionals	6
TOTAL MEMBERS	100

Applications in Process	3
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San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

City and County of San Francisco
Edwin M. Lee
Mayor

President Melara and Members of the Health Commission:

Attached is the Department's of Public Health's proposed budget for FY 13-14 and FY 14-15.

As you know, the Department is facing a number of significant financial pressures:

- A historical structural deficit in personnel costs, which has grown over time
- Operating cost inflation of approximately \$50 million year as employee benefits, medical supplies, and contract costs grow faster than departmental revenues
- Continued reductions in State and Federal funding
- Anticipated costs for non-bond-eligible expenses associated with the new San Francisco General Hospital building

In the current year, as a result of these factors, DPH faces a \$31 million deficit. Projections in the Mayor's proposed Five-Year Financial Plan show that if DPH does not change course it will require an additional \$291 million from the City's General Fund by 2018. Moreover, DPH requires new investments in critical organizational infrastructure to prepare for the coming changes in health care, including implementation of the Affordable Care Act, new reimbursement models based on measurable outcomes, and an accelerating transition to a managed care financial model.

Over the past several years, DPH has grappled with reductions to meet its share of the large citywide budget deficits driven by the economic downturn. Now, while the City still faces a sizable General Fund deficit and DPH still must do its share, the City's financial outlook has stabilized and improved compared to the worst years of the downturn. The FY 13-14 and 14-15 budget presents a new kind of challenge. Once again DPH faces very difficult decisions, including substantial reductions. But this year, our challenges are driven less by the City's financial picture, and more by the internal imperative to create a sound financial footing for the years to come.

As a result, in the attached budget, the department must propose redirecting funding from existing programs to make critical investments in the department's future. These are not easy decisions, but through the department's Five-Year Financial Planning effort over the last eighteen months, it has become apparent they are necessary. If we don't make these difficult decisions today, we risk undermining our financial ability to sustain an adequate future safety net for those most in need.

The proposed FY 13-14 and 14-15 budget emphasizes the following strategies:

- **Focus on internal efficiency and streamlining.** Over the last two years, DPH has: undertaken the Integrated Delivery System planning process; begun a major consultant engagement focused on creation of a managed care office and health care reform preparedness; reorganized and integrated its Public Health Division; restructured its IT organization based on a study of best practices; restructured purchasing and contracting systems; created a new capital programs management structure to ensure the SFGH Rebuild and other projects remain within scope and budget; begun implementation of electronic health records, and worked to integrate primary care and behavioral health.

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.
We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all

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- ***Begin to correct the historical “structural” deficit.*** The budget redirects over \$17 million over two fiscal years toward this purpose. For years, the department’s salary and benefit budget has been substantially below its actual staffing levels. This imbalance has grown over the last several years with personnel cost inflation and as the department used revenue growth and expenditure reductions to reduce General Fund support, rather than correcting the structural problem. In the current year, the imbalance has grown to over \$45 million. The department cannot continue to operate under large, perpetual deficits.
- ***Invest in organizational infrastructure needed to succeed in the health care environment of the future.*** With the implementation of the Affordable Care Act beginning in FY 13-14, DPH needs to adapt. The budget redirects \$1.5 million in funding to: 1) Implement the recommendations of the two-year Integrated Delivery System planning process; 2) Create an Office of Managed Care to manage the accelerating transition to a managed care rather than fee-for-service environment; 3) Develop information technology and business intelligence infrastructure that is commonplace in modern healthcare organizations for evidence-based clinical and financial decision making.
- ***Focus on programs that leverage non-General Fund dollars. DPH has been emphasizing increased Medi-Cal and other revenue efforts for several years.*** Financial pressure will continue to grow to focus on programs that have funding sources in addition to General Fund, or that directly support cost reduction and revenue generation within the DPH network. This budget continues the past strategy of focusing on unmatched General Fund programs to minimize service reductions. This is done through a combination of direct reductions, use of RFPs to restructure service delivery, and reprogramming of operations to reduce cost and maximize revenues.
- ***Redirect resources to meet outcome-based funding requirements.*** DPH is increasingly required to meet performance milestones to continue to receive State and Federal dollars. Under the DSRIP program in the 1115 Medicaid waiver, the department has over \$80 million per year tied to specific performance measures. It is clear that this trend will continue and grow in the future. As a result, DPH must shift resources to ensure it meets funding requirements. Consequently, the proposed budget redirects resources to meet funding milestones such as improving access to primary and specialty care.

Compared to many of our peers, DPH is very well positioned to meet the challenges of the coming years, and we should remain optimistic about our future. Our experience implementing Healthy San Francisco, for example, gives us years of experience in primary care-focused patient care that many public systems lack. Nonetheless, we know that much will change in the near future, and we will need to be prepared to make sometimes difficult decisions to adapt successfully to our new environment. This budget confronts some very difficult choices, but we know that staying with the status quo is not an option that serves our patients or our city well in the long run. We look forward to continuing to work closely with the Commission and our community partners on this budget over the coming months.

Division	Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
REVENUES											
PHP	A1	TB Control and Prevention Services - Maintain Core Services	0.00	346,296		346,296	0.00	476,981		476,981	The DPH TB Control Program's Federal Center for Disease Control (CDC) funding was reduced in FY 12-13. The TB Program is utilizing one time savings to cover expenditures in the current year, but will require additional general fund to support current activities to control TB outbreaks and maintain current TB program core functions including: direct clinical services, evaluation of referrals of TB suspects and high risk infected individuals, and maintaining city mandated TB screening in homeless shelters.
SFGH	A2	Increase Occupational Health Workorder Recovery	0.00	88,697	705,510	(616,813)	-	92,806	705,510	(612,704)	The Occupational Health Services Dept at San Francisco General Hospital provides medical and occupation related health services through workorder agreements with City and County Departments. Rates charged to City Departments have seen only modest increases three times in 15 years despite increasing costs. The Department is proposing rate increases to fully cover direct expense for services provided but are equal to or below rates charged by area hospitals for similar services.
PH	A3	DPH Baseline Revenue	3.08	3,163,473	7,269,178	(4,105,705)	4.00	1,428,915	7,534,104	(6,105,189)	Changes to DPH Baseline Patient Revenues for SFGH, LHH and CBHS. Includes program expenditures for Delivery System Reform Incentive Pool (DSRIP) Category V HIV Transition Project to provide access to coordinated, integrated care to patients diagnosed with HIV who previously received care under programs funded by the Ryan White HIV/AIDS Treatment extension act of 2009. Additional program expenditures for related ITG's and Human Services Agency workorder for IHSS workers.
	A4	Environmental Health Services Fees	1.73	458,521	458,521	0	2.25	458,521	458,521	0	Annual and legislated increases in Environmental Services inspection fees to cover related program expenditures.
TOTAL REVENUE			4.81	4,056,987	8,433,209	(4,376,222)	6.25	2,457,223	8,698,135	(6,240,912)	
REDUCTIONS/SAVINGS PROPOSALS										0	

		Change	incr/(Decr)	Cost/ (Savings)	Change	incr/(Decr)	Cost/ (Savings)	incr/(Decr)	Cost/ (Savings)		
SFGH	B1	Reprogramming of Behavioral Health Center	(36,79)	(6,731,713)	(2,160,844)	(4,570,869)	(50,40)	(11,141,360)	(2,983,272)	(8,158,088)	Proposed programming changes at the Behavioral Health Center to maximize use of the BHC and strengthen its role in the system of care. Adding bed types that are in short supply allows DPH patients to be placed more quickly in the appropriate level of care and improves patient flow within the DPH network.
CP	B2	Community Programs Across the Board Reduction to CBO Contracts		(5,043,757)	-	(5,043,757)		(7,312,104)	-	(7,312,104)	As part of its plan to address the Department's funding shortfalls, a total of \$7,312,104 will be reduced from contractual services funding by implementing an across-the-board reduction to unmatched General Fund dollars, (i.e. General Fund dollars that aren't used to draw down additional State or Federal revenues).
CP	B3	14-15 Community Programs Request for Proposal Process (RFP)						(8,843,948)		(8,843,948)	Through an RFP process, the Department will realign its contractual services to meet one or more of the following objectives: Essential services to meeting the Affordable Care Act (ACA) milestones; Services reimbursable under ACA; Services that directly help Hospital Discharge, and Services that support population health.
DPH All	B4	DPH One-Time Prior Year Savings		(2,400,000)	-	(2,400,000)			-	0	DPH fiscal staff will begin the process of reviewing prior year project accounts and close out any unnecessary fund balances. The Department expects to have savings of about \$2.4 million which can be returned to the general fund.
LHH	B5	LHH Transition Project Savings		(776,449)		(776,449)		(535,065)		(535,065)	One time LHH Transition Project savings spread over two years which will also offset additional ongoing infrastructure positions.
CP	B6	Redwood Center Savings		(400,000)	-	(400,000)		(400,000)	-	(400,000)	The Redwood Center site was closed in FY09-10 for renovations. The Department of Public Health terminated the renovation process in early FY12-13 because of the financial and operational challenges posed by the remote site. Additionally, the site's designation as "historical" created limits to achieving the desired improvements. A portion of the operating costs budgeted for Redwood will be redirect to other programs and \$400,000 will be used to reduce general fund support.

					Change		Incr/(Decr)	Cost/ (Savings)		Incr/(Decr)	Cost/ (Savings)
CP	B7	HIV Administrative Savings	(3.24)	(422,352)	(4.00)	(513,780)		(513,780)			The Department has identified proposed administrative savings equal to \$422,352 in FY13-14, and an annualized amount of \$513,780 in FY14-15. An amount of \$102,075 represents contractual savings from the Native American AIDS Project (NAAP) which closed in December, 2012 at its own discretion. At that time, all clients were transitioned to existing programs. Additionally, 4.0 FTE administrative positions have been proposed to be deleted.
			(40.03)	(15,774,271)	(54.40)	(28,746,257)	(2,983,272)	(25,762,985)			
		TOTAL REDUCTIONS									
		INFLATIONARY									
DPH All	C1	DPH Pharmaceutical and Materials and Supplies Inflation	0.00	1,178,580	-	3,516,288	-	3,516,288			Annual request for increased expenditure authority related to materials and supplies. Pharmaceuticals continue to be the primary treatment modality for the prevention, mitigation or cure of disease. Drug therapy cost increases have exceeded the inflationary rate for other goods and services for the past decade, and increases in the utilization of novel therapeutic agents are expected to continue into year 2013/14 and 2014/15. Higher food costs have resulted from increased gas prices and the severe nation-wide drought last summer. Laundry and linen costs will rise by 2.5% as there has been no COLA adjustment since 2011.
SFGH	C2	Mandated Salary and Fringe Increases for UCSF Affiliation Agreement	0.00	5,375,168	-	11,070,812	-	11,070,812			This request is to fund the projected increase to Faculty, Staff and Interns & Resident salaries and benefits under the UCSF/SFGH Affiliation Agreement. The, faculty, staff and interns & residents working at SFGH through the UCSF Affiliation Agreement are essential to the operation of the hospital. UCSF is contractually obligated to implement salary and benefit increases for staff in accordance with negotiated employment agreements (MOU's.)

					Change		Incr/(Decr)	Cost/ (Savings)		Incr/(Decr)	Cost/ (Savings)	
HUH	C3	Annual Rent Increase for Direct Access to Housing (DAH) Master Leases and Rent Subsidies and 3rd party rent payment	0.00	150,000	-	694,683	-	694,683	Through an integrated housing and healthcare approach, DAH provides high-quality housing for homeless persons who have been living on the streets, individuals revolving through costly emergency care settings, and Health Department clients requiring higher levels of care. The master lease sites incur annual rent increases as required by their lease agreements. The non-profit owned housing sites incur annual operating subsidy increases as required by their City contracts. Therefore, the Department is obligated to fund the proposed increase to adhere to these agreements.	-	-	-
	C4	Healthcare Data Exchange System (HDX)		810,000		810,000		810,000	The Siemens Healthcare Data Exchange (HDX) system is the application utilized by DPH Hospitals and Clinics for On-line Eligibility verification for Medicaid, Medicare, Healthy San Francisco, San Francisco Health Plan and Third Party Payors. This Program change will increase the annual contracted system usage fees in order to provide a fixed monthly and annual fee for the service in anticipation of significant eligibility transaction increases related to Healthcare Reform implementation.			
TOTAL INFLATIONARY			0.00	7,513,748		16,091,783	-	16,091,783			0	
REGULATORY												
SFGH	D1	Emergency Department (ED) Clinical Decision Unit (CDU)	12.47	2,977,214	-	3,753,826	-	3,753,826	To establish a dedicated Observations/Clinical Decision Unit to remedy regulatory non-compliance of unmonitored patients on gurneys in the hallways of the ED. This will also free beds in the ED for additional patients, reduce the leave without being seen (LWBS) rate, and allow more precise, quality of care.			
SFGH	D2	Regulatory Changes to Pharmacy	3.08	830,238	-	974,712	-	974,712	Program changes required for regulatory compliance with Federal 340B pharmaceutical discount pricing. \$4M in 340B drug cost savings at risk. In addition, regulatory enforcement has determined that we can no longer procure pharmaceuticals for non FQHC clinics through 340B and we will need to provide alternatives.			

				Incr/(Decr)	Cost/ (Savings)	Change	Incr/(Decr)	Cost/ (Savings)
DPH All	D3	Electronic Health Record (EHR) Meaningful Use (MU), & Virtual Desktop Interface/Infrastructure (VDI)	7.00	-	6,862,681	14.00	-	4,780,988
								Program Funding for ongoing development of Electronic Health Records and related Centers for Medicare & Medicaid Services (CMS) MU Incentive Program compliance efforts, transition to ICD-10 (International Statistical Classification of Diseases and Related Health Problems) and Virtual Desktop Interface (VDI).
SFGH	D4	Neurosurgery Attending	0.00	-	347,200	-	-	363,384
								To fund regulatory compliance staffing required for Level-On Trauma Accreditation. Additional .58 FTE attending time will consist of Medical Director, eReferral Reviewer; and clinical time. As a result, there will be 2 additional clinical sessions/week; thus, increasing annual visits by 440/year.
SFGH	D5	Anesthesia Tech			204,330		-	213,488
								This program funds mandatory staffing required to meet regulatory compliance as articulated by The Joint Commission in the last accreditation survey of the hospital.
TOTAL REGULATORY			22.55	-	11,221,663	34.20	-	10,086,398
BUDGET NEUTRAL								
CP	E1	Children, Youth and Family Services Enhancement	5.39	3,636,713	3,636,713	12.78	3,636,173	0
								In FY12-13 the State realigned mental health funding, and included an increase to support services related to a State settlement (Katie A), requiring a specific array and level of behavioral health services for children in foster care, or at risk of out-of-home placements. The proposed funding reflects the actual State Realignment increase to support these services (\$1m), plus an equivalent increase in Federal Short Doyle MediCal.
CP	E2	Substance Abuse 2011 Realignment	3.08	2,316,079	2,316,079	4.00	2,316,079	0
								In FY12-13 the State realigned substance abuse funding. The proposed funding reflects the allocation increase, including funding for Drug MediCal services. Additionally, \$540k will be used to support eligible services currently funded by City General Fund monies, \$430k will be used to support current substance abuse medication funding levels, \$460k will be used to fund four substance abuse counselors to work in Children's behavioral health clinics and COPC clinics, and the balance of funding will be used to support misc. services, including backfilling prior year State reductions and a Vivitrol evaluation pilot started in FY12-13.

		Change	Incr/(Decr)	Incr/(Decr)	Cost/ (Savings)	Change	Incr/(Decr)	Incr/(Decr)	Cost/ (Savings)
TOTAL REVENUE	NEUTRAL	8.47	5,952,792	5,952,792	0	16.78	5,952,252	5,952,252	0
EMERGING NEEDS									
DPH	F1 Investments to Healthcare Reform	15.16	1,156,452	603,062	553,390	29.00	2,341,159	819,789	1,521,370
COPC/ CBHS	F2 Establish Clinic Managers in CBHS and COPC Clinics	2.00	247,758	-	247,758	6.00	889,355	-	889,355
COPC	F3 Establish Weekend/Evening Clinics to Maximize Access	1.75	253,288	-	253,288	3.50	532,246	-	532,246
CP	F4 Young Black Women Health Initiative	0.77	76,468	-	76,468	1.00	103,587	-	103,587
SFGH	F5 MID Access Initiative	0.50	1,247,916	-	1,247,916	1.00	1,451,451	-	1,451,451
SFGH	F6 UCSF Affiliation Agreement Services	0.15	527,149	-	527,149	0.20	638,851	-	638,851

			Change	Incr/(Decr)	Cost/ (Savings)	Change	Incr/(Decr)	Cost/ (Savings)
DPH	G7	Premium Pay, Holiday Pay, and Salary Savings- LHH Materials and Supplies Structural Fix		0	0	9,812,270		9,812,270
			53.48	5,574,954	-	17,646,438	-	17,646,438
		TOTAL STRUCTURAL CHANGES						

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input checked="" type="checkbox"/> Public Health | <input type="checkbox"/> DPH - Department Wide |

PROGRAM / INITIATIVE TITLE: TB Control and Prevention Services - Maintain Core Services

TARGETED CLIENTS:

PROGRAM CONTACT NAME/PHONE:

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
		346,296	476,981

PROGRAM DESCRIPTION: (Brief description of Program Change)

General funds to support and maintain current TB program core functions including: direct clinical services related to the care of active TB patients, evaluation of referrals as a specialty clinic for the San Francisco community of TB suspects and high risk infected individuals, and maintaining city mandated TB screening in homeless shelters. Direct federal funding to the TB section is undergoing a realignment that is entirely morbidity driven. This will result in a two-thirds reduction in federal funding to the program from 2009-2013. By 2015, direct federal funding will account for roughly 20% of our TB program operating costs (down from 40% in 2005). Necessarily, funding from federal sources will be used to support public health program functions (i.e., surveillance and contact investigation, legal enforcement, program evaluation) but no longer fund direct clinical services.

JUSTIFICATION:

If the proposed budget initiative is not funded, the TB program will need to significantly reduce clinical services by June 30, 2013. Numbers of active cases have increased in 2010 and are projected to increase again in 2012. This recent rise in TB cases reflects our reduced capacity to respond to a cluster of TB in a SRO hotel and the reduction in ability to locate TB suspects in the community. Further reductions in staffing at this time will seriously impact control of TB in San Francisco.

IMP

ACT ON CLIENTS: (unit of service and/or number of clients affected)

In the absence of additional funding, the TB program will reduce services by a minimum of 25%. In FY 2011-12, the TB clinic provided 26,881 service encounters to 5,677 unduplicated clients. In absence of additional funding, the TB program must reduce 25% of its efforts, resulting in the elimination of approximately 7,000 service encounters per year. The TB program would eliminate the majority of its preventive services. This will have a direct impact on the transmission of active TB in the community at large.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$346,293 in FY1314 and by \$476,981 in FY1415

IMPACT ON DEPARTMENT'S WORKFORCE :

N/A

INITIATIVE TITLE: TB Control and Prevention Services - Maintain Core Services

Description		FY 2013-14	FY 2014-15
Sources:			
Subtotal Sources		\$ -	\$ -
Uses: Salary and Benefits		\$ 346,296	\$ 476,981
Subtotal Uses		\$ 346,296	\$ 476,981
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 346,296	\$ 476,981
Total FTE's		0.00	0.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
1635	Health Care Billing Clerk I (exisiting position)	0.00	\$ 44,571	0.00	\$ 53,907
2587	Health Worker III (existing position)	0.00	\$ 63,839	0.00	\$ 64,927
2908	Hospital Eligibility Worker (exisiting position)	0.00	\$ 21,225	0.00	\$ 21,586
1022	IS Administrator II (exisiting position)	0.00	\$ 24,266	0.00	\$ 82,162
2803	Epidemiologist II (exisiting position)	0.00	\$ 49,141	0.00	\$ 59,694
2320	Registered Nurse (exisiting position)	0.00	\$ 29,018	0.00	\$ 29,666
Total Salary		0.00	232,060	0.00	311,942
Fringe			114,236		165,039
Total Salary and Fringe		0.00	\$ 346,296	0.00	\$ 476,981

Operating Expenses

Index Code Character/Subobject Code

\$ - \$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Increase Occupational Health Workorder Recovery**

TARGETED CLIENTS: Departments of the City and County of San Francisco

PROGRAM CONTACT NAME/PHONE: Maggie Rykowski, 206-4294

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	(\$616,813)	(\$612,704)

PROGRAM DESCRIPTION: (Brief description of Program Change)

SFGH Occupational Health Services (OHS) provides services to 25 CCSF Departments. Services include, but are not limited to: medical clearance exams, fitness for duty evaluations, hearing conservation, inoculations, and urine toxicology evaluations. The rates currently charged are insufficient to cover the cost of the program, and an additional general fund subsidy is required. In FY11-12, OHS provided approximately 12,000 units of services to CCSF Departments. SFGH has proposed to update the rates it charges to City Departments as well as increase the projected units of service based on prior year actuals in order to fully recover the direct costs of maintaining this program.

JUSTIFICATION:

Rates charged to City Departments for these services have seen only modest increases three times in 15 years despite increasing costs. Rates were last increased in FY1112 by a modest amount (increased revenues by \$100,000) in order to cover new costs associated with a computer system upgrade. Before the FY1112 increase, rates were last increased in FY0607. Additionally, the Department has requested that other City Departments budget requesting workorders to reflect actual units of service so that SFGH is able to budget matching recoveries as the City Controller requires performing and requesting workorders to balance.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

OHS provides over 12,000 units of services to CCSF Departments annually.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

SFGH projects that the net GF impact for the City to be (\$616,813) in FY1314 and (\$612,704) in FY1415.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be no impact SFGH workforce.

INITIATIVE TITLE: Increase Occupational Health Work Order Recovery

Description		FY 2013-14 (12 months)	FY 2014-15 (12 months)
Sources:			
	Proposed Increased Recovery (non-GF depts)	705,510	705,510 0
	Subtotal Sources	705,510	705,510
Uses:			
	Salary and Benefits	88,697	92,806
	Operating Expense		
	Subtotal Uses	88,697	92,806
Net General Fund Subsidy Required (savings)/cost Uses less Sources)		(616,813)	(612,704)
Total FTE's		0.00	0.00

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2312		(0.60)	(43,245)	(0.60)	(43,810)
2320		0.60	83,233	0.60	84,771
2430		(0.34)	(20,352)	(0.34)	(20,618)
2320		0.34	47,165	0.34	48,030
	Total Salary	0.00	66,801	0.00	68,373
	Fringe		<u>21,896</u>		<u>24,433</u>
	Total Salary and Fringe	0.00	88,697	0.00	92,806

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☒ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **DPH Baseline Revenue Changes**TARGETED CLIENTS: **DPH Clients**PROGRAM CONTACT NAME/PHONE: **Greg Wagner, CFO 415-206-2510**

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
3.08	4.00	(4,105,705)	(6,105,189)

PROGRAM DESCRIPTION: (Brief description of Program Change)

Changes to baseline patient revenues for SFGH, LHH, and CBHS

JUSTIFICATION:

SFGH:

DSRIP- Revenue, IGT and related program expense for Category V HIV Transition Project to support access to high-quality, coordinated, integrated care to patients diagnosed with HIV who previously received care under programs funded by the Ryan White HIV/AIDS Treatment extension act of 2009.

MediCal/DP SNF – Revision of revenues budgeted in FY1214 associated with patient flow initiatives.

Capitated Revenues – In Home Supportive Services (IHSS) workers capitated revenues and related Human Services Agency workorder expense to support IHSS workers medical coverage through San Francisco Health Plan.

Other Patient Charges and Bad Debt Expense: adjustment to actuals for Other Patient Revenues and related bad debt expense; this is budget neutral.

CBHS Short Doyle

Beginning in 2012, counties are receiving federal matching dollars for certain mental health expenditures that were previously uncompensated based on federal approval of a change in reimbursement guidelines.

LHH:

Net patient revenue increase due to DP/NP Supplemental reimbursement rate increase of 3.5% offset by a decrease in budgeted/ projected hospital rents.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$3,163,473 in FY13-14 and \$1,428,915 in FY14-15.

Revenues will increase by \$8,269,178 in FY1314 and \$7,534,104 in FY1415

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 3.08 FTEs in FY13-14 and 4.00 FTEs in FY14-15.

INITIATIVE TITLE: DPH Baseline Revenues

Description		FY 2013-14	FY 2014-15
Sources:			
SFGH - DSRIP		\$ 4,744,646	\$ -
SFGH - Capitated Revenues IHSS		\$ 351,704	\$ 1,272,417
SFGH MediCal/ DP SNF		\$ (2,000,000)	\$ (2,000,000)
SFGH Other Patient Charges		\$ 30,000,000	\$ 30,000,000
SFGH Bad Debt Expense		\$ (30,000,000)	\$ (30,000,000)
CBHS - Short Doyle Medi-Cal		\$ 2,000,000	\$ 2,000,000
LHH - Net Patient Revenue		\$ 3,256,142	\$ 7,345,001
LHH Hospital Rent		\$ (1,000,000)	\$ (1,000,000)
LHH AB113		\$ (83,314)	\$ (83,314)
Subtotal Sources		\$ 7,269,178	\$ 7,534,104
Uses:			
Salary and Benefits DSRIP		\$ 503,918	\$ 681,327
Non Personnel Services DSRIP & IHSS		\$ 330,852	\$ 791,208
DSRIP IGT		\$ 2,372,323	\$ -
LHH IGT		\$ (43,620)	\$ (43,620)
Subtotal Uses		\$ 3,163,473	\$ 1,428,915
Net General Fund Subsidy Required (savings)/cost			
Uses less Sources)		\$ (4,105,705)	\$ (6,105,189)
Total FTE's		3.08	4.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
2453	Supervising Pharmacist DSRIP	0.77	\$ 126,353	1.00	\$ 166,111
2454	Clinical Pharmacist DSRIP	0.77	\$ 121,491	1.00	\$ 160,470
2586	Health Worker II DSRIP	0.77	\$ 44,918	1.00	\$ 59,329
2119	Health Care Analyst DSRIP	0.77	\$ 65,367	1.00	\$ 85,935
Total Salary		3.08	358,129	4.00	471,846
Fringe			145,789		209,481
Total Salary and Fringe		3.08	\$ 503,918	4.00	\$ 681,327

Operating Expenses

Index Code	Character/Subobject Code		
	Ward 86 UC Contract	\$ 80,000	\$ 80,000
	Lean Training	\$ 75,000	\$ 75,000
	Human Services Agency IHSS Workorder	\$ 175,852	\$ 636,208
		\$ 330,852	\$ 791,208

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☒ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Environmental Health Services Fees**

TARGETED CLIENTS: All San Francisco Residents and Regulated Business Establishments

PROGRAM CONTACT NAME/PHONE: Cyndy Comerford 415-252-3989

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
1.73	2.25	0	0

PROGRAM DESCRIPTION: (Brief description of Program Change)

The San Francisco Department of Public Health's Environmental Health Section strives to promote health and quality of life in San Francisco by ensuring healthy living and working conditions in the City and County of San Francisco. Projected revenues fluctuate annually due to change in inventory, new fees, changes in regulatory programs and fee increases. Expenditures are adjusted to ensure that programs do not exceed 100% cost recovery and that there is little net impact on the General Fund. For FY13-14 and FY14-15 new revenues include fee increases to recover cost in operating expenses and new program expenditures including; rent increase, office build out, new personnel for regulatory programs per new legislation.

JUSTIFICATION:

Projected increases in revenues are due to fee increases and program changes due to state regulations. Expenditures are adjusted accordingly for workloads to ensure cost recovery and for adequate staff and resources to carry out the additional regulatory work with no net impact on the General Fund. New regulatory staff is being added in the housing program to work on bed bugs and increase inspections for the massage program.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$458,921 but are offset by revenue fee increases so there is no impact to the General Fund.

IMPACT ON DEPARTMENT'S WORKFORCE :

FTEs will increase by 1.73 in FY13-14 and 2.25 in FY14-15.

INITIATIVE TITLE: Environmental Health Services Fees

Description		FY 2013-14	FY 2014-15
Revenues		\$ 458,523	\$ 458,523
Total Sources		\$ 458,523	\$ 458,523
Salary and Benefits		\$ 272,634	\$ 373,634
Non Personnel Services		\$ 185,889	\$ 84,889
Total Uses		\$ 458,523	\$ 458,523
General Fund Subsidy Required (savings)/cost less Sources)		\$ 0	\$ (0)
Total FTE's		1.73	2.25

Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
2830	Public Health Nurse	(0.50)	\$ (69,089)	(0.50)	\$ (70,632)
5108	Environmental Health Technician I	0.50	\$ 27,555	0.50	\$ 28,082
5108	Environmental Health Technician I	0.38	\$ 20,942	0.50	\$ 28,082
5108	Environmental Health Technician I	0.77	\$ 42,435	1.00	\$ 56,163
5122	Senior Environmental Health Inspector	0.58	\$ 60,631	0.75	\$ 79,390
	Salary COLA added to base budget		\$ 148,217		\$ 187,576
	Total Salary	1.73	230,691	2.25	308,660
	Fringe		41,944		64,974
	Total Salary and Fringe	1.73	\$ 272,634	2.25	\$ 373,634

Operating Expenses

Account Code	Character/Subobject Code		
81W6	ADM-Real Estate Special Services	\$ 10,000	-
03000	Rents/Leases-Bldgs & Structures-Budget	\$ 64,454	64,454
02300	Employee Field Expenses-Budget	\$ 18,400	18,400
02401	Membership Dues	\$ 2,435	2,435
02900	Maint Svcs-Equipment-Budget	\$ (400)	(400)
03500	Other Current Expenses-Budget	\$ 91,000	\$ -
		\$ 185,889	\$ 84,889

Utilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Reprogramming of Behavioral Health Center**

TARGETED CLIENTS: Behavioral Health Center

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
(36.79)	(50.40)	(\$4,570,869)	(\$8,158,088)

PROGRAM DESCRIPTION: (Brief description of Program Change)

This initiative will make changes to programming at the Behavioral Health Center (BHC) with the purpose of:

- Maximizing the use of the BHC and strengthening its role in the system of care
- Adding bed types that are in short supply in the city, allowing DPH patients to be placed more quickly in the appropriate level of care
- Improving patient flow within the DPH network, resulting in better utilization of resources and improved revenues

The program changes include:

- Create respite level beds for both Mental Health and Medicine that do not currently exist but could positively impact acuity at SFGH.
- Create Residential Care Facility for the Elderly beds that would be available for non-ambulatory residents. This is a level of care that is currently in short supply in the City.
- Transition SNF patients to appropriate care elsewhere within the DPH system, including to less restrictive settings where possible.

JUSTIFICATION:

Since its formation, the BHC has been a critical facility for DPH and San Francisco, allowing the department to provide the appropriate level of care for its clients. The role of the BHC within the DPH network will be more critical than ever after the transition to a more managed care-focused model and the implementation of Affordable Care Act (ACA), but some programming changes are needed to achieve both budgetary savings the maximum benefit from the facility. During the 2012-13 budget process, DPH budgeted over \$8 million in revenues that could be achieved if non-acute patients from SFGH could be discharged more quickly from the hospital into lower (and more appropriate) levels of care. As the Department has pursued this goal, several barriers have been identified. Certain facility types, such as respite level beds and residential care facilities for the non-ambulatory elderly, are in short supply, meaning patients must remain longer in the hospital or be placed outside the city. DPH concluded that having additional beds of these types under the department's control would allow patients to be placed more quickly, address current gaps in services, and enhance DPH's ability to allow SF residents the opportunity to pursue independence. In addition, as part of its Integrated Delivery System planning, the department has focused on identifying services that can be coordinated within the DPH network to provide better care more efficiently and effectively. By adding capacity at the BHC in bed types currently in short supply in the city, over time DPH can general significant cost savings from reducing the need to

place clients in contracted facilities outside the county.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

During the transition, SFGH and Placement will work closely with DPH entities providers, clients, staff and the community to ensure a smooth transition for our clients. Initial estimates include the following:

- 34 clients relocate from SF Behavioral Health Center to the community setting or other skilled nursing facility, including Laguna Honda
- 79 new residential care beds created for non-ambulatory lower level of care placement
- 22 new respite beds to facilitate transitions out of acute care back to community

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

IMPACT ON DEPARTMENT'S WORKFORCE :

Some staff will be assigned different roles and responsibilities as part of the transition, but the department does not loss of employment for existing City workers under this proposal. This proposal also:

- Allows staff to work in a state of the art facility with access to services and supports to improve resident care and quality of life;
- Provides opportunities to share expertise and collaborate across levels of care within DPH;

INITIATIVE TITLE: Reprogram Behavioral Health Center

Description		FY 2013-14 (9 months)	FY 2014-15 (12 months)
Sources:			
	SFGH BHC M/Cal	(2,066,265)	(2,830,500)
	SFGH BHC DP SNF Supplemental	(730,000)	(1,000,000)
	Other Patient Revenues	635,421	847,228
Subtotal Sources		(2,160,844)	(2,983,272)
Uses:			
	Salary and Benefits	(4,537,213)	(6,215,360)
	Operating Expense	(2,194,500)	(4,926,000)
Subtotal Uses		(6,731,713)	(11,141,360)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		(4,570,869)	(8,158,088)
Total FTE's		(36.79)	(50.40)

New Positions (List positions by Class, Title and FTE)

	FTE	Amount	FTE	Amount
Behavioral Health Center Admin	(6.13)	(703,829)	(8.40)	(964,149)
Behavioral Health Center SNF	(20.37)	(2,432,017)	(27.90)	(3,331,530)
Behavioral Health Center MHRC	(16.86)	(1,994,307)	(23.10)	(2,731,928)
Behavioral Health Center additional 22 RCF/E Beds	<u>6.57</u>	<u>592,940</u>	<u>9.00</u>	<u>812,247</u>
	(36.79)	(4,537,213)	(50.40)	(6,215,360)

Operating Expenses

Index Code	Character/Subobject Code		
	Pharmaceuticals	(694,500)	(926,000)
	Professional Services (Placement Beds)	(1,500,000)	(4,000,000)
		(2,194,500)	(4,926,000)

Facilities Maintenance, and Equipment (List by each item by count and amount)

7.22

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☒ Primary Care
☐ Jail Health
☐ Health At Home

- ☒ Public Health
☒ CBHS - Mental Health
☒ CBHS - Substance Abuse
☐

PROGRAM / INITIATIVE TITLE: **Community Programs Across the Board Reductions to CBO's**

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu, 255- 3516

TARGETED CLIENTS: Clients served in Community Based Organizations (CBO)

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a	(\$5,043,757)	(\$7,312,104)

PROGRAM DESCRIPTION: (Description of Program Change)

The Department of Public Health (DPH) is facing significant financial challenges caused by a combination of factors, including: (1) Historical Structural Issues, (2) Rapid Cost Inflation, (3) State and Federal reductions, and (4) Patient revenues not keeping pace with costs. In its five-year projections, the Department projects that absent changes it will require an increase in its General Fund subsidy of \$291 million by FY17-18 to sustain existing services. Neither the Department nor the City is able to sustain this level of growth.

As part of its plan to address these funding shortfalls, the Department will implement a 5% reduction to its contractual expenditures. This will result in \$7,312,104 in annual savings, achieved by implementing an across-the-board reduction to unmatched General Fund dollars, (i.e. General Fund dollars that aren't used to draw down additional State or Federal revenues). This translates to a 9% reduction to total General Fund support of contractual services. The impact to individual agencies will vary depending on the percentage of unmatched versus matched General Fund monies, as well as other funding sources within their budgets. The impact may range from a high of 25 percent of contractual funding if the entire agency budget is unmatched General Fund monies, to zero or minimal impact to agencies that leverage significant State and Federal dollars. The primary services excluded from the proposed reduction include the following:

- Programs that are specifically identified as homeless services.
- Methadone services
- Detoxification services
- Private inpatient hospital contracts,
- Long Term Care and Residential Care Facilities (reduced in an another initiative).
- Pharmaceuticals,
- Children's Services,
- Medication Support Services,
- HIV Health Services/HIV Prevention Services
- Operating subsidies in supportive housing

The impact by modality is summarized as follows on the following page:

Modality Reduction Across the Board	FY 12-13 Funding	FY 13-14 Total Unmatched General Funding Reduction	FY 14-15 Total Unmatched General Funding Reduction	Total Unmatched General Funding Reduction	Total Revised Available Funding
Residential Treatment	31,790,260	1,574,495	1,574,495	3,148,990	28,641,270
Adult Outpatient	49,389,936	1,858,835	371,767	2,230,602	47,159,334
Supportive Services in Supportive Housing	15,319,400	553,600	110,720	664,320	14,655,080
Wellness Promotion and Prevention	15,986,859	472,900	94,580	567,480	15,419,379
Vocational Services	2,779,928	196,794	39,359	236,153	2,543,775
Training	1,411,123	102,323	20,465	122,788	1,288,336
Emergency Crisis	812,619	91,815	18,363	110,178	702,441
Clients' Rights Advocacy	370,927	77,276	15,455	92,732	278,195
SA Prevention	2,574,153	59,490	11,898	71,388	2,502,766
Primary Care	697,732	31,163	6,233	37,395	660,337
Transportation	912,437	24,176	4,835	29,011	883,426
Medical Case Management	702,164	889	178	1,067	701,097
Total	122,747,538	5,043,757	2,268,347	7,312,104	115,435,435

JUSTIFICATION: (required by the Mayor's Office)

The proposed reductions are implemented to address the Department's severe budget shortfall. As a whole, the department draws almost two-thirds of its funding from non-General Fund dollars. As broad changes in funding for health services are implemented over the next several years, it will be increasingly difficult to support services that rely purely on local tax dollars. In anticipation of these changes, the department has been working for a number of years to expand providers' ability to access non-General Fund dollars. Across-the-board reductions allow the Department to maintain the existing continuum of care with a basic level of services to the greatest extent possible. However, it should be noted that at this level of reduction, some agencies, particularly those that have a high level of unmatched General Fund, may be required to reduce entire programs to meet their targets. Community Based Organizations have been absorbing inflationary increases over the past several years (with FY12-13 being the first year in several where new funding was allocated for cost of doing business increases), which may further impact an agency facing a higher reduction percentage to continue to operate. The Department will work with its contractors to determine the most suitable plan to minimize the reduction to unduplicated clients served, and at the same time keep administrative infrastructures intact.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Community Program sections will be working with the affected agencies to identify which of their programs will be impacted by the funding reductions. Therefore, the full impact to current clients as a result of the proposed reductions will not be known until DPH has had an opportunity to meet with each agency.

EXPENSE AND REVENUE)

Expense will be reduced by \$5,043,757 in FY13-14 annualized to \$7,312,104 in FY14-15

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Community Programs Across the Board Reductions to CBO Contracts

	FY 2013-14	FY 2014-15
Sources:		
General Fund		
Subtotal Sources	-	-
Uses:		
Salaries and Fringes		
027 Professional Services	5,043,757	7,312,104
Subtotal Uses	5,043,757	7,312,104
Net General Fund Subsidy Required (Uses less Sources)	\$ 5,043,757	\$ 7,312,104
Total FTE's		

New Positions (List positions by Class, Title and FTE)

Class	Title	FY13-14 Savings	FY14-15 Savings
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Operating Expenses

Index Code	Character/Subobject Code		
	001/013	0.00	\$ -

Operating Expenses

HMHMCC730515	CH21/02700 Professional Services	\$ 2,011,222	\$ 2,936,524
HMHSCCRES227	CH21/02700 Professional Services	\$ 1,989,127	\$ 3,123,490
HCHPHHLTEDGF	CH21/02700 Professional Services	\$ 307,336	\$ 368,803
HCHSHHOUSGGF	CH21/02700 Professional Services	\$ 617,686	\$ 741,223
HCHAPHC1--GF	CH21/02700 Professional Services	\$ 63,048	\$ 75,657
HCHAPPCCDPGF	CH21/02700 Professional Services	\$ 10,616	\$ 12,739
HCHAPADMINGF	CH21/02700 Professional Services	\$ 8,542	\$ 10,250
HCHAPPCCDPGF	CH21/02700 Professional Services	\$ 13,447	\$ 16,137
HCHAPTWC--GF	CH21/02700 Professional Services	\$ 10,728	\$ 12,874
HCHAPURBNCLN	CH21/02700 Professional Services	\$ 12,005	\$ 14,406
Total		\$ 5,043,757	\$ 7,312,104

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☒ Primary Care
☐ Jail Health
☐ Health At Home

- ☒ Public Health
☒ CBHS - Mental Health
☒ CBHS - Substance Abuse
☐

PROGRAM / INITIATIVE TITLE: **Community Programs RFP**

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu, 255-3516

TARGETED CLIENTS: Clients served in Community Based Organizations

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a		(\$8,843,948)

PROGRAM DESCRIPTION: (Description of Program Change)

The Department of Public Health (DPH) is facing significant financial challenges caused by a combination of factors, including: (1) Historical Structural Issues, (2) Rapid Cost Inflation, (3) State and Federal reductions, and (4) Patient revenues not keeping pace with costs.

In its five-year projections, beginning in FY13-14, the Department is assuming large year-over-year increases, which, absent changes, will result in a General Fund requirement of \$291 million by FY17-18 to sustain existing capacity. Neither the Department nor the City is able to sustain this level of growth and reliance upon the City's General Fund.

In addition to its budget challenges, in anticipation of new programmatic responsibilities expected under Federal Health Reform and California's 1115 Waiver – coupled with uncertainty regarding future funding for health care – DPH is in the process of examining its service delivery system to ensure effective integration, to promote efficiency, and to prioritize services more consistently. Upon completion of this planning process, the Department will release a packet of Request for Proposal (RFP) solicitations to both meet these objectives and to achieve budgetary savings within its contractual services.

Specifically, the Department will be looking to realign its contractual services to meet one or more of the following objectives: Essential services to meeting the Affordable Care Act (ACA) milestones; Services reimbursable under ACA; Services that directly help hospital discharge, and Services that support population health.

Some contractual services that don't meet these objectives will remain, but at a reduced level, allowing the continuation of a system of care where applicable. Total anticipated annualized savings from this proposal is \$17,687,896 beginning in FY 14-15. Savings will be used to offset the Department's reliance on City General Fund support. The implementation of the RFPs would begin in FY14-15 and would be fully annualized in FY15-16. The Departmental sections that will be participating in the RFP process include: Community Behavioral Health Services (CBHS), Housing and Urban Health (HUH), HIV Health Services (HHS), HIV Prevention Section (HPS), Community Health Promotion and Prevention (CHPP).

The Department will continue to evaluate its financial status, and may require future RFP's to either achieve additional savings, or to change the types of services currently contracted to better meet ACA needs.

JUSTIFICATION: (required by the Mayor's Office)

The Department is facing significant financial challenges, as well as critical challenges related to ACA. To meet these challenges, the Department cannot afford to continue with "business as usual" – but instead must proactively shape its service delivery system to support its needs under the ACA. If it does not do so it risks a detrimental impact on the Department's revenue generation, and ultimately a weakening of the safety net for the most vulnerable. The proposed RFPs will enable to Department to work towards addressing both challenges.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Not Available at this time.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenue and Expenses will decrease by \$8,843,948 in FY14-15 annualizing to \$17,687,896 in FY15-16.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Community Programs RFP (Request for Proposal)

	FY 2013-14	FY 2014-15
Sources:		
General Fund		
Subtotal Sources	-	-
Uses:		
Salaries and Fringes		
027 Professional Services	-	(8,843,948)
Subtotal Uses	-	(8,843,948)
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ (8,843,948)
Total FTE's		

New Positions (List positions by Class, Title and FTE)		FY13-14 Savings	FY14-15 Savings
Class	Title		
Operating Expenses			
Index Code	Character/Subobject Code		
Operating Expenses			
HMHMCC730515	CH21/02700 Professional Services	\$ -	\$ (8,843,948)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

X San Francisco General Hospital
 X Laguna Honda Hospital
 X Primary Care
 X Jail Health

X Public Health
 X CBHS - Mental Health
 X CBHS - Substance Abuse
 X Health At Home

PROGRAM / INITIATIVE TITLE: **DPH One Time Prior Year Savings**

PROGRAM CONTACT NAME/PHONE: Greg Wagner 554-2610

TARGETED CLIENTS: N/A

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a	(2,400,000)	n/a

PROGRAM DESCRIPTION: (Brief description of Program Change)

DPH fiscal staff will begin the process of reviewing prior year project accounts and close out any unnecessary fund balances. The Department expects to have savings of about \$2.4 million which can be returned to the general fund.

JUSTIFICATION:

DPH staff routinely reviews prior year projects, accounts and reserves as part of the City's fiscal year end close and returns unused funds to the City's general fund. DPH will work over the next several months to identify balances and close them out by the end of the fiscal year. Ordinarily, this savings is used to offset any year end deficits in other areas or included as part of the City's unallocated fund balance the following year.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

One time general fund savings of \$2.4 million.

IMPACT ON DEPARTMENT'S WORKFORCE :

No impact.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: DPH One-Time Prior Year Savings

Sources:	FY 2013-14	FY 2014-15
Subtotal Sources	-	-
Uses:		
Prior Year One Time Savings	\$ (2,400,000)	-
Subtotal Uses	(2,400,000)	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (2,400,000)	\$ -
Total FTE's		

New Positions (List positions by Class, Title and FTE)

Class Title

Operating Expenses

Index Code Character/Subobject Code

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Laguna Honda Hospital Transition Project**

TARGETED CLIENTS: All clients at Laguna Honda, CBHS, COPC, and 101 Grove

PROGRAM CONTACT NAME/PHONE: John Applegarth 206-4906/Mike Llewellyn 759-4545

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
N/A	N/A	(\$776,449)	(\$535,065)

PROGRAM DESCRIPTION: (Brief description of Program Change)

Laguna Honda Hospital (LHH) moved from A 1920s era building to a new State of the art, 675,000 sq. ft. hospital. This change is not just a physical one, but one that affects all aspects of their operations and will require additional resources to maintain. This proposal requests to convert the remaining of the four transition funded positions to general fund for IT and Facility Services.

JUSTIFICATION:

Facility Services Not only does the expanded LHH hospital require 24/7 facility support, but facility maintenance for Primary Care Health Centers, Community Behavioral Health Services (CBHS) and 101 Grove transferred from SFGH to Laguna Honda Hospital in 2011. Locksmith and painter positions are called on to support the various groups within the Department. The 0.50 FTE locksmith position provides ongoing maintenance and repair for panic hardware, door locking mechanisms, electronic door access systems as well as documenting such repairs for the California Department of Public Health (CDPH) Facility Inspections. This position not only supports LHH facility that consists of 5,000 locking mechanisms, 375 electronic lock and 100 exit doors but also CBHS sites, 101 Grove, and 13 Primary Care Health Centers. The 1.00 FTE Painter provides constant repairs to hard and soft surfaces in order to meet the CDPH required standard level of care for all the various aforementioned sites.

Information Systems LHH has employed a transition funded 1043 IS Senior Engineer since the occupation of the new Laguna Honda hospital building. This position has been a key employee supporting the complex data network for the LHH campus. It is essential that we continue to support the day to day operation with sufficient technical staff for this new technological complex building. In addition, LHH developed a deployment plan for an additional 500 computer data terminals to support clinician access to the Electronic Medical Record. The 1093 IT Operations Support Administrator III functioned as Desktop Engineer will assist the current staff in deploying these data terminals that will access the LHH User desktop PC. The equipment must be setup and configured for all clinical areas in Laguna Honda Hospital. Once installed over 3,000 users need to be configured for the new electronic access to the electronic medical record using sophisticated single sign on software that allows the clinician to use their ID badge for access. This new technology will require this position to provide continuous support for the equipment that the staff will utilize.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

All 780 residents at Laguna Honda Hospital, all their visitors, and 1300+ staff

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Labor expenditures will increase by \$223,551 in FY 13/14 and \$464,935 in FY 14/15. These expenditures will be offset by savings from the Transition Project of \$1M in FY 13/14 and \$1M FY 14/15.

IMPACT ON DEPARTMENT'S WORKFORCE:

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH Transition Project

Description		FY 2013-14		FY 2014-15
Sources:		\$ -		\$ -
Subtotal Sources		-		-
Uses:				
Salary & Fringes		223,551		464,935
Transition Project Savings		(1,000,000)		(1,000,000)
Subtotal Uses		(776,449)		(535,065)
Net General Fund Subsidy Required (savings)/cost less Sources		\$ (776,449)		\$ (535,065)
Total FTE's		0.00		0.00

Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY 14-15
42	Locksmith (existing position)		31,848		41,870
46	Painter (existing position)		58,562		76,988
43	IS Engineer-Senior (existing position)		63,431		128,421
93	IT Operations Support Administrator III (existing position)				65,221
		0.00	153,841	-	312,500
	Fringe (FY 13-14 = 49% , FY 14-15 = 49%)		69,711		152,435
		\$	223,551	\$	464,935

Operating Expenses

Index Code	Character/Subobject Code		FY 13-14		FY 14-15
	Transition Project (one time)	\$	(1,000,000)	\$	(1,000,000)

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input checked="" type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Redwood Center Funding Reallocation and Reduction**

TARGETED CLIENTS: N/A

PROGRAM CONTACT NAME/PHONE: Jo Robinson/255-3401

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
		(\$400,000)	(\$400,000)

PROGRAM DESCRIPTION: (Brief description of Program Change)

The Redwood Center is a city-owned facility which had been used by the Department to deliver residential substance abuse services through a community based organization. The site was closed in FY09-10 for renovations. The Department of Public Health terminated the renovation process in early FY12-13 because of the financial and operational challenges posed by the remote site. Additionally, the site's designation as "historical" created limits to achieving the desired improvements. This facility is located on property owned by the Public Utilities Commission (PUC) in San Mateo County.

Of the total of \$800k in operating costs dedicated to this program, an amount of \$400k will be reduced to mitigate proposed budget reductions to other CBHS services. The balance of \$400k will be reallocated to support housing/and or residential needs of individuals/clients served by the Department, with a focus on those who are high users of multiple systems, e.g. PES, SFGH, mental health and substance abuse clinics.

JUSTIFICATION:

The Department was unable to renovate the original site, so the full operating costs of \$800k have been reallocated to preserve funding for existing housing and treatment needs and to mitigate other budget cuts to Community Programs

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None. This program has been closed since FY09-10.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Reduction of \$400k in professional services.

IMPACT ON DEPARTMENT'S WORKFORCE :

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: CBHS Redwood Center

Description		FY 2013-14	FY 2014-15
Sources:			
Subtotal Sources		-	-
Uses:			
021 Professional Services general fund		\$ (400,000)	\$ (400,000)
Subtotal Uses		(400,000)	(400,000)
Net General Fund Subsidy Required (savings)/cost Uses less Sources		\$ (400,000)	\$ (400,000)
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

-	-
-	-
-	-
\$ -	\$ -

Fringe (FY 13-14 = 42% , FY 14-15 = 47%)

Operating Expenses

Index Code Character/Subobject Code
MHSCCRES227 021/02700

\$ (400,000)	\$ (400,000)
--------------	--------------

021 Professional Services

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input checked="" type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **DPH HIV Administrative Savings**

TARGETED CLIENTS: N/A

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu, 255-3516

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
(3.24)	(4.00)	(422,352)	(513,780)

PROGRAM DESCRIPTION: (Brief description of Program Change)

The Department has identified proposed administrative savings equal to \$422,352 in FY13-14, and an annualized amount of \$513,780 in FY14-15. Of this total, an amount of \$102,075 represents contractual savings from the Native American AIDS Project (NAAP) which closed in December, 2012 at its own discretion. At that time, all clients were transitioned to existing programs. As these funds are not needed to support the transition or ongoing care of NAAP's clients, the Department is proposing the use of these savings to offset its larger deficit instead of reallocating this funding to another agency. Additionally, the Department is proposing to delete four civil service administrative positions to achieve savings towards meeting the Department's shortfall.

JUSTIFICATION:

The Department has identified both contractual and administrative savings that would have minimal ongoing impact to the HIV Services..

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Reduction of revenues and expenditures of \$422,352 in FY13-14 and \$513,780 in FY14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

Reduction of 3.24 FTEs in FY13-14 and 4.0 FTEs in FY14-15.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: HIV Administrative Savings

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ (320,277)	\$ (411,705)
	Operating Expense	\$ (102,075)	\$ (102,075)
Subtotal Uses		\$ (422,352)	\$ (513,780)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (422,352)	\$ (513,780)
Total FTE's		(3.24)	(4.00)

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
	Salaries	(3.24)	\$ (212,144)	(4.00)	\$ (265,060)
	Fringe	50.97%	(108,133)	55.33%	(146,645)
	Total Salary and Fringe	(3.24)	\$ (320,277)	(4.00)	\$ (411,705)

Operating Expenses

Index Code	Character/Subobject Code		
	Professional Services	(102,075)	(102,075)
		\$ (102,075)	\$ (102,075)

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☒ Laguna Honda Hospital
☒ Primary Care
☒ Jail Health

- ☐ Public Health
☒ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **DPH Pharmaceuticals and Materials and Supplies Inflation**

PROGRAM CONTACT NAME/PHONE: David Woods 206-2332 / Jenny Louie 554-2605

TARGETED CLIENTS: DPH clients

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a	\$1,178,580	\$3,516,288

PROGRAM DESCRIPTION: (Description of Program Change)

Projected nation-wide increases in drug expenditures are 3-5% across all settings, a 5-7% increase in expenditures for clinic administered drugs, and 0-2% in hospitals. An increase in drug expenditures due to new drugs is projected at 3.2%. At DPH, continued participation in drug manufacturer patient assistance programs, tight drug formulary control, and aggressive use of lower cost generic drugs will help offset increases in expense due to volume (e.g. Ryan White clients transferring from care in the AIDS Drug Assistance Program into SF Path). Increases in the cost of caring for AIDS patients and the use of innovative specialty medications for medical conditions such as multiple sclerosis, blood disorders and Hepatitis C Virus has increased expenses and will continue to do so for the next several years. The net result of factors that will increase and decrease drug costs at DPH are projected to lead to an overall increase in the cost of pharmaceuticals for the department of 3.5% in FY 2013-2014 and in 2014-2015.

We are not requesting an inflationary increase for Behavioral Health Services in FY 13-14 because agents going off patent are expected to offset increased usage in other areas. We are requesting an inflationary increase of 3.5% for Behavioral Health Services in FY 14-15 and future years.

Other inflationary adjustments will include 5% increases for food and 2.5% for laundry & linen costs that will impact all clients at the San Francisco General Hospital and Laguna Honda Hospital.

JUSTIFICATION: (required by the Mayor's Office)

Drugs continue to be the primary treatment modality for the prevention, mitigation or cure of disease. Drug therapy cost increases have exceeded the inflationary rate for other goods and services for the past decade, and increases in the utilization of novel therapeutic agents are expected to continue into year 2013/14 and 2014/15.

Higher food costs are resulted from the severe drought that spread across nation-wide last year. The impact however is lower for DPH due to the Novation contract discounts. Laundry and linen costs will rise by 2.5% as there was no COLA adjustment since 2011.

This adjustment is critical to ensuring that DPH is able to continue to provide services and treatments to its patients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

All patients of SFGH, LHH, JHS, Primary Care and CHN/CBHS clinics are impacted.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increase in base expenditure budget by \$1,178,580 FY 13-14 and \$3,516,288 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

None.

ACHMENT B
MARY OF PROGRAM COST

ATIVE TITLE: DPH Pharmaceuticals and Materials and Supplies Inflation

Description	FY 2013-14	FY 2014-15
es:	\$ -	\$ -
tal Sources	\$ -	\$ -
Operating Expenses	\$ 1,178,580	\$ 3,516,288
al Uses	\$ 1,178,580	\$ 3,516,288
General Fund Subsidy Required (savings)/cost less Sources)	\$ 1,178,580	\$ 3,516,288
FTE's	n/a	n/a

ositions (List positions by Class, Title and FTE)

<u>Title</u>	FTE	FY 13-14	FTE	FY 14-15
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ting Expenses

Code	Character/Subobject Code	FY 13-14	FY 14-15
HUN40061	040/04461 Pharmaceutical Supplies - SFGH	758,860	1,894,140
48803	040/04461 Pharmaceutical Supplies - LHH	223,263	454,341
HLTH-GF	040/04461 Pharmaceutical Supplies - Jail Health	78,546	159,841
PADMINGF	040/04461 Pharmaceutical Supplies - Primary Care	16,563	33,706
MCC730515	040/04461 Pharmaceutical Supplies - CBHS	(392,349)	(36,426)
48811	040/04699 Food (LHH)	231,000	474,000
HUN40061	040/04699 Food (SFGH)	189,000	387,450
49439	021/03511 Laundry & Linen Services (LHH)	44,722	90,562
HUN40061	021/03511 Laundry & Linen Services (SFGH)	28,975	58,674

ies Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

☒ San Francisco General Hospital☐ Laguna Honda Hospital☐ Primary Care☐ Jail Health☐ Public Health☐ CBHS - Mental Health☐ CBHS - Substance Abuse☐ Health At HomePROGRAM / INITIATIVE TITLE: **Mandated Salary and Fringe Increases UCSF**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO / 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	\$5,375,168	\$11,076,462

PROGRAM DESCRIPTION: (Brief description of Program Change)

This request is to fund the projected increase to Faculty, Staff and Interns & Resident salaries and benefits under the UCSF/SFGH Affiliation Agreement.

JUSTIFICATION:

The Faculty, Staff and Interns & Residents working at SFGH through the UCSF Affiliation Agreement are essential to the operation of the hospital. UCSF is contractually obligated to implement salary and benefit increases for staff in accordance with negotiated employment agreements (MOU's.) The requested amount is based upon expected increases for FYs 13-14 and 14-15, as negotiations are ongoing.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

If the MOU increase and support costs are not funded, there would most likely be a reduction in work force, with associated reductions in services. It is not possible to determine the impact upon clients and units of service until actual service reductions are determined through negotiations with UCSF and SFGH administration.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$5,375,168 in FY 13-14 and \$11,076,462 in FY 14-15, both years ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE :

If a reduction in workforce is necessary, there may be some impact on City and County FTE's.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Mandated Salary and Fringe Increases for UCSF Affiliation Agreement

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
UC Faculty Increase		\$ 1,195,651	\$ 2,434,885
UC Staff Increases		1,674,506	3,409,217
UC Interns and Residents		771,727	1,816,642
UC Retirement and Benefits		\$ 1,676,784	\$ 3,353,568
Pathology specimen costs		\$ 56,500	\$ 56,500
Subtotal Uses		5,375,168	11,070,812
Net General Fund Subsidy Required (savings)/cost Uses less Sources		\$ 5,375,168	\$ 11,070,812
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		
			-	-
			-	-
	Fringe (FY 13-14 = 42% , FY 14-15 = 46%)		-	-
			\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
GH1HUN40061	021/02700 Professional Services (UC Main Affiliation)	\$ 5,375,168	\$ 11,070,812

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☒ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: Annual DAH Master Lease and Rent Subsidies

PROGRAM CONTACT NAME/PHONE: Margot Antonetty / 554-2642

TARGETED CLIENTS: Chronically Homeless People

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a	\$150,000	\$694,683

PROGRAM DESCRIPTION: (Description of Program Change)

The Department of Public Health's Housing and Urban Health (HUH) section currently oversees 36 supportive housing sites totaling 1,564 units through its Direct Access to Housing Program (DAH). The goal of DAH is to provide housing environments that promote stability, improved health and well being, as well as integration into the surrounding community. The housing is provided to homeless persons who have been living on the streets, individuals revolving through costly emergency care settings, and Health Department clients exiting higher levels of care.

JUSTIFICATION: (required by the Mayor's Office)

Between September 2012, and June 30, 2014, HUH will have brought on six new buildings and increased the Direct Access to Housing (DAH) portfolio by 438 units from 1,284 to 1,722, as well as added an additional 50 new Diversion and Community Integration Program (DCIP) slots, for a total of 488 new slots.

During the last five years, HUH has focused primarily on the housing production method often referred to as "Pipeline Housing". This approach involves partnering with the Mayor's Office of Housing (MOH), the city's affordable housing production agency, and non-profit affordable housing developers. In doing so, DPH benefits greatly from the financial and development expertise these partners bring to the table and at the same time secures high quality housing in beautiful new developments that provide high levels of disabled access and other amenities critical to housing homeless and disabled persons. The agreement between DPH, MOH and the housing developers is that in exchange for access to the units (meaning DPH is both assigned a block of units or all units, and more importantly is given responsibility for tenant referrals to these units) DPH provides the project with an operating subsidy and funds services when the buildings open.

Additionally, the Department master leases seven of the DAH sites, and is therefore responsible for funding annual rent and operating subsidy increases.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If the proposal is not approved, the Department will not have sufficient funds to meet its master lease and 3rd party rent payment agreement obligations. As a result, the Department may be required to close at least one or two master lease sites in an effort to support the remaining housing. This could result in the loss of 55-109 units, which are currently occupied by formerly homeless clients with special needs.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Total rent and contractual expenses will increase by \$150,000 in FY 13/14 and \$694,683 in FY14/15

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

None.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Annual DAH Master Lease and 3rd Party Rent Payment Service Increases

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Contractual Services		\$ 150,000	\$ 523,826
Rent and Leases - Buildings		-	170,857
		-	-
Subtotal Uses		150,000	694,683
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 150,000	\$ 694,683
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

Fringe (FY 13-14 = 42% , FY 14-15 = 47%)

Operating Expenses

Index Code Character/Subobject Code

CHSHHSGGF 021/02700

CHSHHSGGF 021/03000

-	-
-	-
-	-
\$ -	\$ -

\$ 150,000	\$ 523,826
	170,857

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Siemens HDX Transaction Fee Reconciliation**

TARGETED CLIENTS: DPH Acute Care, Ambulatory Care, Long Term Care

PROGRAM CONTACT NAME/PHONE: David Counter/ 415 255-3575

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
N/A	N/A	\$810,000	\$810,000

PROGRAM DESCRIPTION: (Brief description of Program Change)

The Siemens Healthcare Data Exchange (HDX) system is the application utilized by DPH Hospitals and Clinics for On-line Eligibility verification for Medicaid, Medicare, Healthy San Francisco, San Francisco Health Plan and Third Party Payors. This Program change will increase the annual contracted system usage fees by \$810,000 in order to provide a fixed monthly and annual fee for the service in anticipation of significant Eligibility transaction increases related to Healthcare Reform implementation.

JUSTIFICATION:

The Siemens HDX system fees are calculated on a per transaction basis for Eligibility queries at \$.18 for those transactions within the contracted monthly base amount and \$.25 for those transactions exceeding the monthly base. Currently, DPH contracts for 300,000 transactions per monthly with a base monthly fee of \$54,000. In the past year, DPH monthly transaction volumes have averaged 500,000 per month due to increased volumes resulting in additional fees of @ \$50,000 per month. As Eligibility verification changes relating to Healthcare Reform involving increased patient volume and Level of Care determination are implemented it is anticipated that HDX transaction volumes will increase to 650,000-750,000 per month with corresponding fees in the range of \$87,500 to \$112,500 or more depending on patient volumes. The contract change addresses this increase by adding an additional \$ 67,500 per month as a fixed fee for an unlimited number of transactions resulting in an annual contractual increase of \$810,000, but avoiding the variable increases related to increased volumes projected to be in an annual range of \$978,000 to \$1,350,000 or greater.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

N/A

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

FY 2013-2014: \$810,000, FY 2014-2015: \$810,000

IMPACT ON DEPARTMENT'S WORKFORCE :

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Healthcare Data Exchange (HDX)

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Contractual Services		\$ 810,000	\$ 810,000
		-	-
Subtotal Uses		810,000	810,000
Net General Fund Subsidy Required (savings)/cost (uses less Sources)		\$ 810,000	\$ 810,000
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

Fringe (FY 13-14 = 42% , FY 14-15 = 47%)

-	-
-	-
-	-
\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
CHACMISPJGF	021/02761	\$ 810,000	\$ 810,000

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Emergency Department Clinical Decision Unit (ED CDU)**

TARGETED CLIENTS: ED CDU Patients

PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
12.47	16.20	2,977,214	3,753,826

PROGRAM DESCRIPTION: (Brief description of Program Change)

The CDU enhances SFGH's mission of providing quality healthcare and trauma services by providing a short-stay inpatient unit that is dedicated to improving and expediting the management of patients with medical or traumatic conditions requiring inpatient management but whose care can, on average, be completed in 24 hours or less. Patients in the ED require an observation period for providers to assess patients for safe discharge, additional treatment in the ED, or if a more intensive treatment in the Inpatient Hospital is most appropriate. Patients of all age ranges who are not ill enough to warrant immediate inpatient hospital admission, but are also not well enough to return to their residence, need additional monitoring, diagnostic evaluation, and treatment in an observation unit. Some of the most common symptoms and conditions for patients placed in these units include chest pain, atrial fibrillation, congestive heart failure, asthma, back pain, dehydration, gastroenteritis and trauma. It is crucial for SFGH, the only Level I Trauma Center serving the City and County of San Francisco and northern San Mateo County, to have a CDU. The CDU will significantly improve the health outcomes of patients seen in the ED.

JUSTIFICATION:

The Clinical Decision Unit (CDU) will improve patient flow and allow greater efficiency and safety of patient care in the ED. A greater observation time ensures increased clinical accuracy, reductions in medical error, and the decreasing likelihood of unnecessary or repeat inpatient admission. A dedicated area isolated from the main emergency department will also allow practitioners to address specific medical complaints, to focus on patient education, and to ensure that appropriate disposition plans are in place. A designated CDU will also allow the ED to comply with The Joint Commission Accreditation regulations regarding dedicated space and certified staff to evaluate, test, treat and provide medical management in a timely manner. The ED will see improvements in workflow efficiencies, patient care and patient satisfaction. Potential outcomes include reductions in diversion rates, inappropriate discharges, left-without-being-seen (LWBS) patients, and less than 24 hours re-admissions.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

The CDU will impact all patients who are seen in the department. It will help improve flow and overall patient safety. The ED treats approximately 55,000 patients per year, and a large percentage of these patients are either uninsured or underinsured. The number of patients utilizing ED services as a primary access point to the healthcare system continues to increase.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$2,977,214 in FY 13-14 and \$3,753,826 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 12.47 FTE in FY13-14 and 16.20 FTE in FY14-15.

INITIATIVE TITLE: Emergency Department Clinical Decision Unit

Description		FY 2013-14	FY 2014-15
Sources:			
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 2,044,325	\$ 2,777,453
	Operating Expense	\$ 932,889	\$ 976,373
Subtotal Uses		\$ 2,977,214	\$ 3,753,826
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 2,977,214	\$ 3,753,826
Total FTE's		12.47	16.20

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2430	Medical Evaluations Assistant	3.85	\$ 229,558	5.00	\$ 303,209
2320	Registered Nurse	8.62	\$ 1,191,652	11.20	\$ 1,582,162
Total Salary		12.47	1,421,210	16.20	1,885,371
Fringe		43.84%	623,115	47.32%	892,082
Total Salary and Fringe		12.47	\$ 2,044,325	16.20	\$ 2,777,453

Operating Expenses

Index Code	UCSF Aff Agreement (ED attending)	\$ 932,889	\$ 976,373
		\$ -	\$ -
		\$ 932,889	\$ 976,373

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Regulatory Changes to Pharmacy**

TARGETED CLIENTS: DPH clients receiving prescription services

PROGRAM CONTACT NAME/PHONE: David Woods 206-2332

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
3.08	4.00	830,238	974,712

PROGRAM DESCRIPTION: (Brief description of Program Change)

340B Pricing: San Francisco General Hospital (SFGH) and the Community Oriented Primary Care clinics (COPC) are eligible covered entities for the Federal 340B drug discount program and have participated in the program since 1993. This drug pricing program offers medications at a 40-60% discount from the Average Wholesale Price. Guidelines to safeguard against duplicate discounts and possible drug diversion to non-340B eligible patients and entities are established by the Health Resources and Services Administration (HRSA.) Covered entities that participate in the 340B program are expected to adhere to these HRSA guidelines and have internal processes in place to assure compliance.

WorkflowRx is a server-based software program that automates pharmacy inventory management. This perpetual inventory management system will ensure pharmacy inventory is accounted for from purchase through dispensing to patient. It will automate the ordering process, allow optimized use of automated dispensing cabinets and provide tools for controlling overall drug inventory costs.

JUSTIFICATION:

340B program requirements have become substantially more stringent since program inception. In order to maintain program compliance additional staff is needed to ensure 340B purchases for the CHN primary care clinics are distinctly separated from sites not eligible to participate in the 340B program. The CHN saves approximately \$3 million dollars annually in reduced medication expenditures from its participation in this drug pricing program.

Workflow Rx: The inpatient pharmacy held an inventory of \$2.8 million in FY 2011-2012 and currently the inventory management is manual. In implementing WorkflowRx, inventory will be tracked from order to dispensing to a patient. This will help reduce inventory on hand by increasing consistency and accuracy of ordering. Accurate ordering is essential in reducing drug spend and will also increase medication safety as products will be more consistent. WorkflowRx will keep a real-time accounting of the current stock and location of pharmaceutical product. It will also provide an audit trail on inventory adjustments and discrepancies, which is required for regulatory compliance.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

340B: All patients of SFGH and CHN clients who receive drug therapy from the SFGH Outpatient Pharmacy or the CHN Community Pharmacy Network are impacted.

Workflow Rx: Software implementation will allow the department's workforce to improve efficiency and contribute more time to patient care. As the pharmacy workload increases, these efficiencies will be vital in reducing the need for future increases in FTEs.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$830,238 in FY12-13 and \$974,712 in FY13-14.

IMPACT ON DEPARTMENT'S WORKFORCE:

There will be an increase of 3.08 FTEs in FY13-14 that annualized to 4.0 FTEs in FY14-15.

INITIATIVE TITLE: Regulatory Changes to Pharmacy

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 395,929	\$ 540,403
	Non Personnel Services	\$ 434,309	\$ 434,309
Subtotal Uses		\$ 830,238	\$ 974,712
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 830,238	\$ 974,712
Total FTE's		3.08	4.00

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2406	Pharmacy Helper	1.54	\$ 105,735	2.00	\$ 137,658
2409	Pharmacy Tech	0.77	\$ 60,492	1.00	\$ 79,900
2450	Pharmacist	0.77	\$ 110,216	1.00	\$ 145,578
Total Salary		3.08	276,443	4.00	363,136
Fringe			119,486		177,267
Total Salary and Fringe		3.08	\$ 395,929	4.00	\$ 540,403

Operating Expenses

Index Code	Character/Subobject Code		
	Software Lease	\$ 34,309	34,309
	Pharmaceuticals	\$ 400,000	\$ 400,000
		\$ 434,309	\$ 434,309

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☒ Laguna Honda Hospital
☒ Primary Care
☒ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☒ Health At Home

PROGRAM / INITIATIVE TITLE: **Electronic Health Record (EHR) Meaningful Use (MU), & Virtual Desktop Interface/Infrastructure (VDI)**

TARGETED CLIENTS: Department of Public Health (DPH) clients

PROGRAM CONTACT NAME/PHONE: Greg Wagner, 554-2610

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
7.00	14.00	6,862,681	4,780,988

PROGRAM DESCRIPTION: (Brief description of Program Change)

Program Funding for: ongoing development of Electronic Health Records and related Centers for Medicare & Medicaid Services (CMS) MU Incentive Program compliance efforts, transition to ICD-10 (International Statistical Classification of Diseases and Related Health Problems) and Virtual Desktop Interface (VDI)

JUSTIFICATION:

Electronic Health Records (EHR) / Meaningful Use (MU) - CMS continually updates EHR / MU requirements and eligible entities must demonstrate compliance every year to avoid penalties in subsequent years. EHR / MU implementation costs must be adjusted to reflect the expenditures necessary to meet CMS Stage II final rule – released in August of 2012 – in order for DPH to continue to qualify for the incentive payments that partially fund this development as well as avoid financial penalties. There is no partial payment if all MU required measures are not met by 2015. CMS MU Stage II final rule establishes updates to the Stage I requirements and includes other program modifications that eligible providers must meet in order to avoid penalties. These requirements led certified vendors to release additional modules that require resources to implement and maintain. For example, a requirement to provide patient portals compelled DPH to look at a DPH-wide portal, yet another system that must interface with existing modules, including supporting components that allow seamless public interaction. This requirement not only increases vendor commitments but also requires additional in-house training and ongoing support.

ICD-10 (International Statistical Classification of Diseases and Related Health Problems) - ICD-10 is required for CMS billing in 2014.

Virtual Desktop Interface (VDI) - DPH, much like the rest of the healthcare industry, has fragmented IT infrastructure that includes a mix of legacy applications and custom/homegrown solutions that result in an expensive, inflexible and cumbersome workflow for caregivers. VDI provides a viable solution to overcome these challenges and achieve meaningful use of healthcare technology. With VDI, traditional desktop PCs are replaced with virtual machines that are securely hosted so that providers can access medical information quickly and securely. This integrated, service-optimized platform enables healthcare IT staff to deliver a consistently productive user experience that also allows better infrastructure cost controls, more meaningful data output and protection of patient information.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

MU implementation affects DPH's direct service clients at SFGH, LHH, COPC, Health at Home and Jail Health. In FY11-12, there were 333,145 Primary Care encounters; 229,258 Specialty Care encounters; 24,270 Urgent Care encounters; 61,073 Emergency Encounters; thus, a total of 647,746 encounters.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$6,862,681 in FY 13-14 and \$4,780,988 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 7.00 FTEs in FY13-14 and 14.00 FTEs in FY14-15.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Electronic Health Records / Meaningful Use ICD10 & Virtual Desktop Interface

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 1,069,176	\$ 2,200,060
	Non Personnel Services	\$ 5,793,505	\$ 2,580,928
Subtotal Uses		\$ 6,862,681	\$ 4,780,988
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 6,862,681	\$ 4,780,988
Total FTE's		7.00	14.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY13-14	FTE	FY14-15
0931	Manager III	0.50	\$ 65,402	1.00	\$ 132,412
1093	IT Operations Support Administrator III	0.50	\$ 41,838	1.00	\$ 84,703
1406	Clerk (6M)	0.50	\$ 26,639	1.00	\$ 54,186
1044	IS Engineer-Principal (SFGH & LHH)	1.00	\$ 136,468	2.00	\$ 276,290
1052	IS Business Analyst	1.00	\$ 92,381	2.00	\$ 187,032
1054	IS Business Analyst-Principal (SFGH & LHH)	1.00	\$ 123,792	2.00	\$ 250,627
1092	IT Operations Support Administrator II	0.50	\$ 33,826	1.00	\$ 68,483
2320	Registered Nurse	1.00	\$ 138,179	2.00	\$ 282,530
2112	Medical Records Technician (LHH)	1.00	\$ 68,000	2.00	\$ 138,318
Prem M	Premium Pay		\$ 25,644		\$ 27,809
			-		-
Total Salary		7.00	752,169	14.00	1,502,390
Fringe			317,007		697,669
Total Salary and Fringe		7.00	\$ 1,069,176	14.00	\$ 2,200,060

Operating Expenses

Index Code	Character/Subobject Code		
	021/02700 Professional & Specialized Services	2,556,855	394,619
	021/02700 Professional & Specialized Services	(92,991)	(193,584)
	021/02761 Systems Consulting Services	306,567	352,040
	021/02786 UC Medical Services	1,211,532	1,094,753
	021/03111 Data Processing Equip Rental	215,980	82,236
	021/03141 Medical Equipment Rental	(142,317)	(106,541)
	021/03596 Software Licensing Fees	1,118,589	768,697
	040/04000 Materials & Supplies	560,400	51,990
	040/04921 Data Processing Supplies	-	120,000
	060/06100 Equipment Purchase	58,891	16,718
		\$ 5,793,505	\$ 2,580,928

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Neurosurgery Attending**

TARGETED CLIENTS: SFGH patients

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO / 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	347,200	363,384

PROGRAM DESCRIPTION: (Brief description of Program Change)

Request to fund program staffing required for mandatory regulatory compliance for Level-One Trauma Accreditation. This increase in funding to the UC Affiliation Agreement will fund a new .58 FTE attending physician to increase clinic efficiencies and capacity. To fund regulatory compliance staffing required for Level-One Trauma Accreditation. Additional .55FTE attending time will consist of: Medical Director; eReferral Reviewer and clinical time.

JUSTIFICATION:

In order to meet regulatory requirements as an ACS designated Level I Trauma Center and allow SFGH to continue to improve patient outcomes, the program needs an additional .58 FTE Neurosurgery Attending. Without this, the Level I Trauma Center at SFGH cannot continue to sustain the service.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

If not funded, Neurosurgery will be unable to provide services to patients requiring acute neurosurgical interventions. As a result, there will be 2 additional clinical sessions/week; thus, increasing annual visits by 440/year.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$347,200 in FY 13-14 and \$363,384 in FY 14-15. There are no additional revenues.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be no impact to CCSF's workforce.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Neurosurgery Attending

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
UCSF Affiliation Agreement		\$ 347,200	\$ 363,384
		-	-
		-	-
Subtotal Uses		347,200	363,384
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 347,200	\$ 363,384
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		
			-	-
			-	-
			-	-
	Fringe (FY 13-14 = 42% , FY 14-15 = 46%)		-	-
			\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
	021/02786/UCSF Affiliation Agreement	\$ 347,200	\$ 363,384

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Anesthesia Tech**

TARGETED CLIENTS: SFGH patients

PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	204,330	213,488

PROGRAM DESCRIPTION: (Brief description of Program Change)

This program funds staffing required for regulatory compliance as articulated by The Joint Commission in the last accreditation survey of the hospital. The program changes will result in appropriate patient care set-up in the OR and in remote intensive clinical care environments.

JUSTIFICATION:

This request restores a prior cut that reduced patient throughput through the OR and other areas served by Anesthesia, e.g. Emergency Department, Intensive Care Unit and Obstetrics. Restoration of the funding will increase throughput and address regulatory requirements involving the provision of Anesthesia services identified by The Joint Commission. This restoration will allow the department to address deficiencies that directly affect patient safety, clinical outcomes, patient flow and Intensive Care Unit (ICU) bed availability.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Benefits all patients requiring Anesthesia support.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$204,330 in FY 13-14 and \$213,488 in FY 14-15. There are no additional revenues.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be no impact to CCSF's workforce.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Anesthesia Tech

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
UCSF Affiliation Agreement		\$ 204,330	\$ 213,488
		-	-
		-	-
Subtotal Uses		204,330	213,488
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 204,330	\$ 213,488
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

Fringe (FY 13-14 = 42% , FY 14-15 = 46%)

-	-
-	-
-	-
\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
	021/02786/UCSF Affiliation Agreement	\$ 204.330	\$ 213.488

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input checked="" type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Children, Youth and Family Service Enhancement**

TARGETED CLIENTS: Foster Care Youth, or Youth at-risk-of Out of Home Placements

PROGRAM CONTACT NAME/PHONE: Kenneth Epstein 255-3439

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
5.39	12.78	None	None

PROGRAM DESCRIPTION: (Brief description of Program Change)

The following proposal includes three related initiatives of the Community Behavioral Health Services (CBHS), Children Youth and Family (CYF) section. All three are addressing the needs of children with behavioral health needs, many of whom are in Foster Care. The primary drivers of the proposal are new requirements related to the outcome of a State lawsuit ("Katie A."), State funding changes (Family Mosaic Project) following the realignment of State behavioral health funding in 2011, and partnering with the City's Human Services Agency (HSA) to maximize Federal MediCal reimbursement for children and youth services. The entire proposal will be funded with State and Federal funding.

Katie A. Settlement

As a result of a Settlement Agreement following a lawsuit between child and youth advocates on behalf of Foster Care children and the state of California each county is required to provide a specific and coordinated set of mental health services to children who are involved in the child welfare system. are MediCal eligible, meet medical necessity, and are either in or being considered for a variety of intensive services to meet their behavioral health needs. In addition, the agreement calls for a shared management structure, and the development of practice tools and practice improvement protocols (including training and quality assurance systems). All eligible youth must receive an assessment to determine potential follow-up needs.

To assist the counties with the implementation and to meet the ongoing service provision requirements of the Katie A. settlement, the State included a projected increase over prior year State General Fund monies provided to San Francisco (used to match and draw down Federal MediCal) in its 2011 Realignment funding allocation. In FY12-13, San Francisco was allocated an additional \$1,076,762 in State 2011 Realignment funding, which when used as a match to draw down an equal amount of Federal Medical funding would double available funding to \$2,153,524 to meet the Settlement requirements. The proposed funding is included in the subject proposal.

To respond to the increased requirements, and implementation deadlines, the Department will fund a combination of new civil service positions, along with an expansion of current community based organizations (CBOs) which were selected under a current RFP term for the same type of services. The civil service staff will be hired and placed in (a) the CBHS Foster Care Unit to perform the required assessments and less intensive and ongoing therapy needs, and (b) the Family Mosaic Program for more intensive service needs.

Family Mosaic Project (FMP)

The Family Mosaic Project is currently undergoing a restructuring as a result of the State's 2011 Realignment allocation which did not continue funding for the Family Mosaic Project (FMP) after June

30, 2013. However, CBHS will begin to draw down Federal MediCal, effective July 1, 2013, for an estimated value of \$983,199. These funds will be used to continue the FMP civil service team and its delivery of intensive wrap-around services to the clients enrolled in FMP, and through the additional resources provided by the State for Katie A. compliance, will expand the team to meet the capacity and service intensity requirements of the individuals covered under the Katie A. settlement.

Human Services Agency Partnership

CBHS will continue to partner with the Human Services Agency to maximize MediCal reimbursement for eligible services provided to youth, including services that will assist HSA in meeting its requirements related to the Katie A settlement agreement. This will also reduce HSA's reliance on City General Fund monies. HSA, in partnership with the Controller's Office, conducted an audit of State-wide programs, which, when MediCal certified, were able to receive MediCal reimbursement for eligible services. Through this audit, HSA has identified similar services in San Francisco which are currently supported by only the General Fund. Under this proposal, these agencies would become MediCal certified, and/or coaching would be provided to maximize billing and enhance staff documentation skills (in some already certified sites, as well). To support this initiative, DPH is requesting a total of \$500k in additional Federal MediCal. The General Fund match requirement to draw down the MediCal reimbursement would be provided by HSA from its existing budget.

JUSTIFICATION:

The Department is responsible for the provision of the required services to youth in Foster Care. These services are mandated, and due to the Katie A. settlement, DPH's responsibility to serve impacted youth has increased, both in the volume of clients and in the level of service intensity. The Department received additional State funding for this purpose. Additionally, with the loss of State funding for FMP, the FMP program is now able to draw down MediCal reimbursement, which will allow it to support the needs of the current FMP clients, as well as expand to offer its intensive service level to the expanded Katie A. population. The Department is proposing the use of civil service employees in FMP and the Foster Care units, in addition to the expansion of CBO's because the infrastructure already exists within these programs to implement the Katie A. requirements, efficiently, while retaining flexibility within the larger system of care to make adjustments as needed to ensure that the State's requirements are achieved. With respect to the Department's partnership with HSA, all MediCal expansion will eventually translate to General Fund savings for the City, and will enhance the level of services that the youth receive.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

All eligible youth must receive an assessment to determine potential follow-up needs. DPH estimates that of the approximately 1,200 children currently in foster care in San Francisco, approximately 500 of them are not clients of CBHS, and a majority will need ongoing mental health services. In addition there are 200 youth considered at risk of foster care or higher placement that DPH is also mandated to serve.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

The proposed initiative would increase revenues and expenditures by \$3,636,713, of which \$1,076,762 is State 2011 Realignment funding, and \$1,076,762 is the corresponding Federal MediCal match for the Katie A. requirements; \$983,189 is Federal Medical to support FMP; and \$500k is Federal Medical to support HSA programming.

IMPACT ON DEPARTMENT'S WORKFORCE :

In FY13-14, the Department's workforce would increase by 5.39 new FTE to begin the implementation of the new services to meet the Katie A. settlement requirements. Additionally, 4.0 FTE would be transferred from FMP State funding (which has been treated like a grant) to MediCal funding, resulting in no change to the City workforce. In FY14-15, the FY13-14 new positions would be annualized, and the remaining new positions to complete the hiring for the FMP and Foster Care units would be added, totaling 12.78 FTE in FY14-15.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Children, Youth and Family Services Enhancement

Description	FY 2013-14	FY 2014-15
Sources:		
Medi-Cal	\$ 2,559,951	\$ 2,559,951
2011 Realignment	1,076,762	1,076,762
Subtotal Sources	3,636,713	3,636,713
Uses:		
Salaries and Fringes 001 & 013	\$ 1,013,283	\$ 1,730,928
Professional Services - 027	2,623,430	1,905,785
	-	-
Subtotal Uses	3,636,713	3,636,713
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 0	\$ (0)
Total FTE's	5.39	12.78

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE				
2930	Psychiatric Social Worker	1.54	\$	137,712	2.00	\$ 178,847
2587	Health Worker III	1.54	\$	99,379	2.00	\$ 129,063
2586	Health Worker II	2.31	\$	136,215	3.00	\$ 176,903
2930	Psychiatric Social Worker		\$	-	0.77	\$ 68,856
2586	Health Worker II		\$	-	5.01	\$ 295,133
2587	Health Worker III (existing position)	-	\$	63,839		\$ 63,839
2930	Psychiatric Social Worker (existing position)	-	\$	88,464		\$ 88,464
2931	Marriage, Family and Child Counselor (existing position)	-	\$	88,464		\$ 88,464
2932	Senior Psychiatric Social Worker (existing position)	-	\$	92,520		\$ 92,520
		-		-	-	-
		5.39		706,593	12.78	1,182,090
				306,690		548,838
		5.39	\$	1,013,283	12.78	\$ 1,730,928
Fringe (FY 13-14 = 42% , FY 14-15 = 47%)						

Operating Expenses

Index Cod	Character/Subobject Code		
HMHMCP8828CH		\$ 500,000	\$ 500,000
HMHMKA TIEGF		1,623,430	\$ 905,785
HMHMCP751594		500,000	\$ 500,000
		2,623,430	\$ 1,905,785

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input checked="" type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Substance Abuse 2011 Realignment**

TARGETED CLIENTS: San Franciscans needing drug & alcohol services

PROGRAM CONTACT NAME/PHONE: Jim Stillwell 415 255-3717

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
3.08	4.00	0	0

PROGRAM DESCRIPTION: (Brief description of Program Change)

The proposed initiative would budget the 2011 Realignment increase provided by the State to San Francisco in the amount of \$2,316,079. As of FY12-13, all State funding for behavioral health was realigned from the State to the County, (termed 2011 Realignment) meaning each county has become responsible for managing its risk within the 2011 Realignment funding level. The State provided funding in the following categories

Drug MediCal Services- \$135,143

This is the State's estimated value of increased reimbursement that will be earned by San Francisco County for providing Drug MediCal services. This represents the Federal share, or 50% of the value of these services. The County must provide the local match to the Federal share out of its 2011 Realignment allocation. The growth of Medi-Cal billable services in San Francisco is in Methadone treatment. If the Department doesn't incur these expenses, then there will be no State reimbursement for the Federal share

Bay Area Services Network (BASN)- \$168.964

The use of this funding is limited to alcohol and drug treatment for State Parolees. The proposed funding is a restoration of State funding for outpatient services to its prior year level, so does not represent an increased level of service.

Substance Abuse Prevention Treatment (SAPT) HIV Early Intervention- \$295,163

The use of SAPT HIV Early Intervention funding is limited to services identified in the Federal (CFR45) regulations, including HIV testing, HIV assessment, and purchasing and/or administering HIV medication at alcohol and drug treatment locations. The Department is proposing to utilize these services to support an increase in daily observed HIV medication at methadone treatment sites. In other words, when a client comes to receive his or her daily dose of Methadone, he will also receive his or her antiviral medication to ensure medication adherence.

Realignment - \$1,721,809***(a) Drug Court services -\$1,035,000***

This funding represents continuation of services which had previously been funded by State grants. As part of the implementation of 2011 Realignment, these recurring grant funds were realigned (i.e. moved to the Drug and Alcohol portion of the Behavioral health Sub Account), and therefore this increase is actually a continuation of the same level of prior year grant funded services. Specific services provided are client assessment and placement, outpatient group and individual treatment, ongoing case management, and aftercare.

(b) Misc. Drug and Alcohol Services- \$745,271

This funding represents an increase in the Department's allocation of State funding for drug and alcohol services, as a result of 2011 Realignment. Services must be used for drug and alcohol treatment services as defined by CFR45 to meet the requirements of the State's Federal Maintenance of Effort (MOE) funding level requirements. The funding would be used as follows:

- (i) A total of \$372,006 would be used to fund four (4) Health Worker III positions to provide individual and group drug and alcohol treatment at DPH operated primary care and mental health clinics. This would assist the Department with meeting the service integration and quality benchmarks included in the Affordable Care Act (ACA), which require drug and alcohol services be available in health clinics.
- (ii) As part of a Departmental pilot to test the effectiveness of medication to treat substance abuse, the proposed total of \$165,000 would be used to purchase drug and alcohol treatment medications, including Buprenorphine (Suboxone), Narcan (Naloxone inhalant), and Vivatrol (injectable Naltrexone), as well as fund an evaluation of treatment outcomes.
- (iii) A total of \$143,000 will be used to provide outreach, engagement, development and counseling services to children and youth from drug and alcohol abusing families. These funds will go to existing providers of this service, both to backfill a current year funding gap, and to enhance existing services.
- (iv) An amount of \$65,265 will support the cost of increased medical treatment for acutely addicted homeless individuals who are high users of multiple systems. This funding will be allocated to expand an existing provider currently delivering these services.

JUSTIFICATION:

The 2011 California Realignment resulted in a net increase in Drug Medi-Cal and other alcohol and drug services funding to all counties. In 2012, the State notified the counties that the funding will be subject to the Department of Drug and Alcohol Services' Maintenance of Effort (MOE) funding level requirements. As such, as a condition of receiving Federal Substance Abuse Prevention and Treatment Block Grant Funds (SAPT), the largest source of drug and alcohol funding for California, California is required to meet the Maintenance of Effort requirements. In effect, the State has 'realigned' accountability for the Maintenance of Effort agreement to the counties, and therefore DPH is obligated to expend this funding on eligible drug and alcohol services.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

325 Clients will benefit from improved medications and medication assisted treatment, and 200 additional treatment slots will be created

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Revenue & Expense increases of \$2,316,079 in both FY13-14 and ongoing in FY14-15. Of the total increase, an amount of \$1,035,555 for the Drug Court services will be offset by the elimination of the California Drug Court Grants totaling \$1,035,555.

IMPACT ON DEPARTMENT'S WORKFORCE :

This initiative will add 4.0 FTE 2587 Health Worker III positions (3.08 in FY13-14).

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Substance Abuse 2011 Realignment

Description		FY2013-14	FY 2014-15
Sources:	Drug Medi-Cal	\$ 2,316,079	\$ 2,316,079
Total Sources		2,316,079	2,316,079
Uses:	Salaries and Fringes 001 & 013	\$ 276,702	\$ 372,006
	Operating Expenses	\$ 2,039,377	\$ 1,944,073
			-
Total Uses		2,316,079	2,316,079
Total General Fund Subsidy Required (savings)/cost (uses less Sources)			\$ 0
Total FTE's		3.08	4.00

Positions (List positions by Class, Title and FTE)

Class	Title	FTE				
87	Health Worker III	3.08	\$	194,861	4.00	\$ 253,066
	Fringe (FY 13-14 = 42%, FY 14-15 = 47%)			81,841		118,941
		3.08	\$	276,702	4.00	\$ 372,006

Operating Expenses

Index Code						
4HSCCRES227	Materials and Supplies	\$	165,000	\$	165,000	
	Professional Services	\$	1,874,377	\$	1,779,073	
		\$	2,039,377	\$	1,944,073	

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | X DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **DPH Investments in Healthcare Reform**

TARGETED CLIENTS: All DPH Clients

PROGRAM CONTACT NAME/PHONE: Greg Wagner, 554-2610

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
15.16	29.00	\$553,390	\$1,521,370

PROGRAM DESCRIPTION: (Brief description of Program Change)

This program includes three initiatives identified by the department as critical for health care reform preparations. The initiatives resulted from extensive departmental planning processes over the past two years.

Healthcare reform will transition the healthcare industry from a volume based payment system to a value based payment system. In order to effectively manage costs, maintain revenues and provide quality care, DPH must make significant investments in its infrastructure to ensure that it minimizes its exposure to financial risks. In FY 13-15, DPH will focus on the following areas:

1. Cost Management through an **Office of Managed Care (OMC)** – This office would be responsible for contracting strategy with health plans, utilization management, marketing-branding, data reporting, quality improvement, provider services, etc. This proposal does not create a health plan within the Department. DPH's OMC will be developed to (1) manage resources more effectively to maximum benefit of clients and (2) reduce misuse, overuse and underuse of services. The focus of OMC will be in four areas: contract, financial, clinical and utilization. In doing so, it will promote financial and operational efficiency and manage financial risk as DPH shifts from a fee for service to managed care model. The OMC will improve internal operations which will be increasingly important as more Department clients become insured via managed care. This OMC will enable the Department to have a coherent and strategic approach to its health plan partners (current and future). In addition, OMC will better position the Department as a provider of choice as California prepares for the implementation of the Affordable Care Act in January 2014. This will allow the Department to continue serving its current uninsured population that will obtain health care coverage.

2. Implementation of **Integrated Delivery System** planning process recommendations. In FY 2010-11, DPH underwent an internal planning process focused on strengthening and integrating its delivery system in response to health reform. The goal is to create a comprehensive system of care that is clinically and financially accountable to provide coordinated health services. From this process, there were over 40 recommendations made in policy and strategic oversight, system development and change management, and operational and administrative infrastructure. Most of these recommendations are being implemented within existing resources and do not require new funding requests. However, the process identified critical shortfalls in departmental capacity for case management and utilization management among others, which requires additional position authority.

3. Regulatory Reporting and Support for State and Federal Programs. DPH currently lacks the organizational infrastructure to implement data-driven cost management and effectively monitor key outcome data that are increasingly driving reimbursement. DPH needs enhanced data reporting and analysis expertise to collect and procure timely data on utilization and costs of service to evaluate and address current trends in real time to effectively manage care and expenditures. The budget initiative creates capacity in technical expertise for developing and maintaining reports from our clinical and billing systems and analytical decision support convert data to actionable operational recommendations. Lastly, changes in state and federal reimbursement policies, in particular the shift to managed care, require added patient financial services capacity to effectively bill and collect revenue in a more administratively complex environment.

JUSTIFICATION:

These initiatives are designed to create infrastructure necessary to protect and grow revenues under the Affordable Care Act (ACA). These functions are common in most health care organizations, but absent in DPH. If DPH lacks the tools to participate in the new environment, it faces the possibility of its revenues eroding and weakening the safety net for the most vulnerable. The initiative is designed to respond to the following coming changes:

Increased Coverage and Decreased Compensation for the Uninsured: The expansion of Medicaid eligibility and the creation of health insurance exchanges will increase coverage for many of our patients who are currently uninsured.

Increased Competition for Current/New Clients: Due to the increased coverage, other providers may choose to compete for our existing clients that previously had no choice in healthcare providers. It is critical that DPH remain competitive to retain its existing clients as well as attract new clients to retain a favorable payor mix.

Shift From Fee for Service to Managed Care Model: As our funding shifts from fee for service to managed care with a fixed capitated rate for each patient, DPH must shift its business model from one focused on volume of services to one that effectively manages the cost of caring for its patients. To manage this change effectively, DPH must implement a significant culture change in our providers and business model to focus on:

- Patient experience – including wait times and accessibility to care
- Infrastructure – to ensure our delivery system can provide the services we need efficiently
- Cost containment – including increased analysis and oversight over patient panels and providing preventative care in primary care clinics.
- Increased care coordination – to reduce inefficiencies and improve the quality of care

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

These initiatives will improve access to care and patient experience throughout the DPH system.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

While these requests are significant, they are necessary to effectively reduce costs, meet performance standards, and avoid revenue shortfalls.

IMPACT ON DEPARTMENT'S WORKFORCE :

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Investments for Healthcare Reform

Description		FY 2013-14	FY 2014-15
Sources:			
	Capitated Revenues	\$ 603,062	\$ 819,789
Uses:			
	Salary and Benefits	\$ 2,439,471	\$ 4,476,690
	Non Personnel Services	\$ (1,283,019)	\$ (2,135,531)
Subtotal Uses		\$ 1,156,452	\$ 2,341,159
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 553,390	\$ 1,521,370
Total FTE's		15.16	29.00

New Positions (List positions by Class, Title and FTE)

Office of Managed Care

Class	Title	FTE	FY13-14	FTE	FY14-15
942	Manager VI	0.77	\$ 133,954	1.00	\$ 176,103
931	Manager III - HSF	0.77	\$ 100,720	1.00	\$ 132,412
2818	Senior Health Planner HSF	0.77	\$ 66,819	1.00	\$ 88,247
1824	Principal Admin Analyst	0.77	\$ 86,762	1.00	\$ 52,172
1054	IS Business Analyst - Principal	0.50	\$ 61,896	1.00	\$ 125,313
2119	Healthcare Analyst	0.50	\$ 42,446	1.00	\$ 85,935
2920	Medical Social Worker	0.50	\$ 44,232	1.00	\$ 88,464
2820	Senior Health Planner	0.50	\$ 51,737	1.00	\$ 102,186
Total Salary		5.08	\$ 588,565	8.00	\$ 850,832
Fringe			\$ 246,757		\$ 385,555
Total Salary and Fringe		5.08	\$ 835,322	8.00	\$ 1,236,387

Operating Expenses

Professional Services	150,000	250,000
Profession Services (HSF Private Provider Payments)	(300,019)	(371,694)
Human Services Agency Workorder	30,000	30,000
LIHP Out of Network Expense	(2,000,000)	(3,000,000)
	(2,120,019)	(3,091,694)

OMC total 5.08 \$ (1,284,697) 8.00 \$ (1,855,307)

IDS

Class	Title	FTE	FY13-14	FTE	FY14-15
1241	Personnel Analyst	0.50	\$ 87,036	1.00	\$ 176,210
1244	Senior Personnel Analyst	0.50	\$ 50,861	1.00	\$ 102,972
1204	Sr Personnel Clerk	0.25	\$ 16,552	0.50	\$ 33,669
2320	Registered Nurse	3.08	\$ 425,591	4.00	\$ 565,060
2119	Healthcare Analyst	0.50	\$ 65,367	1.00	\$ 85,935
Total Salary		4.83	\$ 645,407	7.50	\$ 963,846
Fringe			\$ 277,719		\$ 450,975
Total Salary and Fringe		4.83	\$ 923,126	7.50	\$ 1,414,821

Operating Expenses

Training	\$ 35,000	\$ 40,000
Business Intelligence - UM/Discharge Dashboard/Coordinated Care	\$ 250,000	\$ -
Software - Unique Identifier System	\$ -	\$ 666,163
	\$ 285,000	\$ 706,163

Total IDS 4.83 \$ 1,208,126 \$ 2,120,984

Regulatory Reporting & Support for Federal & State Programs

Class	Title	FTE	FY13-14	FTE	FY14-15
1053	IS Business Analyst Assistant	0.50	\$ 53,481	1.00	\$ 108,276
1054	IS Business Analyst Principal	0.50	\$ 61,896	1.00	\$ 125,313
1824	Principal Administrative Analyst	0.50	\$ 56,339	1.50	\$ 171,095
1664	Patient Accounts Manager	1.00	\$ 95,285	1.50	\$ 145,364
2119	Health Care Analyst	(1.00)	\$ (84,892)	(1.00)	\$ (85,935)
0922	Manager I	0.50	\$ 56,498	1.00	\$ 114,384
2908	Hospital Eligibility Worker	0.50	\$ 36,595	1.00	\$ 74,436
1637	Patient Accounts Clerk	1.50	\$ 105,320	5.00	\$ 357,045
2119	Healthcare Analyst	1.25	\$ 106,115	2.50	\$ 214,838
Total Salary		5.25	\$ 486,636	13.50	\$ 1,224,815
Fringe			\$ 194,387		\$ 600,668
Total Salary and Fringe		5.25	\$ 681,023	13.50	\$ 1,825,482

Operating Expenses

Systems Consulting/Software & Maintenance - Cost Accounting	527,000	225,000
Systems Consulting/Software & Maintenance - IT	25,000	25,000
	552,000	250,000

Total Regulatory and Federal & State Support \$ 1,233,023 \$ 2,075,482

\$ 1,156,452 \$ 2,341,159

7.62

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input checked="" type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input checked="" type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Center Directors in Community Oriented Primary Care (COPC) and Community Behavioral Health Services (CBHS)**

TARGETED CLIENTS: Clients/Patients of COPC and CBHS

PROGRAM CONTACT NAME/PHONE: Bill Blum/255-3586

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
2.0	6.0	247,758	889,355

PROGRAM DESCRIPTION: (Brief description of Program Change)

Starting in FY 13-14, Community Programs is proposing to reestablish a total of 16 Center Directors over four years, 12 for each of the Community Oriented Primary Care Clinics (COPC) and 4 for the Adult/ Older Adult, and Transitional Aged Youth (TAY) outpatient behavioral health clinics. The first four will be added in January 2014 and an additional four in January 2015, with the remaining eight Center Directors in subsequent years. This would establish full-time Center Directors at eight out of 15 CBHS Adult/Older Adult and Transitional Aged Youth clinics by the end of FY 14-15.

JUSTIFICATION:

DPH must invest in the infrastructure of its clinics to maximize productivity and improve quality. Effective leadership will ensure that services are well coordinated (from admission to discharge), timely, accessible, culturally competent, appropriate and effective, (including making decisions regarding challenging clients). In prior years, clinic leadership was reduced or eliminated to achieve efficiencies or savings and the management function was added to the duties of existing staff. However, given the critical role that primary care will play in healthcare reform, DPH must manage its clinics effectively to improve the health of our patients, avoid unnecessary costs and meet quality standards.

Strong oversight creates efficiency and the optimal use of resources, and allows the clinic to ensure that services are coordinated and that policies and procedures are correctly followed. Center Directors are responsible for ensuring client satisfaction and creating an environment that is safe and welcoming for both clients and staff. Dedicated Center Directors will be available to focus on clinic based, quality improvement projects. Finally, Center Directors as oversee personnel hiring, coaching, training, supervision, scheduling and discipline, ensuring that optimal staffing levels will be maintained to meet the demands of clients. Furthermore, with the daily operations managed by a full-time Center Director at COPC and CBHS Clinics, clinical staff, including physicians and psychiatrists are freed up to increase their time providing services to clients, increasing the number of clients seen and consequently revenues.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

COPC clinics annually see over 42,000 unduplicated clients with complex health needs. COPC's clinic population is disproportionally poor, marginally housed, and of ethnic minority with complex health needs. Currently, CBHS's TAY and Adult & Older Adult outpatient civil service clinics provide mental health assessment and treatment to 8,947 unduplicated clients with serious mental health diagnoses. Due to the proposed inclusion of substance abuse treatment as an essential health benefit and the expected increase in MediCal eligibility under Health Care Reform, along with mandated behavioral health parity, the number of behavioral health clients is expected to continue to grow.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

FY13-14: Increase to 001/013 Personnel and Fringe Benefits of \$247,758. FY14-15: Increase to 001/013 Personnel and Fringe Benefits of \$889,355.

IMPACT ON DEPARTMENT'S WORKFORCE :

FY13-14: Increase of 1.0FTE 0922 Manager I and 1.0 FTE 2593 Health Program Coordinator.
FY14-15 Increase of 1.0FTE 0922 Manager I and 1.0 FTE 2593 Health Program Coordinator. Overall increase of 8.0 FTE annualized.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Establish Clinic Managers in CBHS and COPC FY1315

Description	FY 2013-14	FY 2014-15
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salary & Fringes	\$ 247,758	\$ 889,355
	-	-
	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ -	\$ -
Total FTE's	2.00	6.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
0922	Manager I (COPC) 2	1.00	\$ 112,996	2.00	\$ 228,768
0922	Manager I (COPC) 2			1.00	\$ 114,384
2593	Health Program Coordinator 2 (CBHS)	1.00	\$ 96,880	2.00	\$ 196,140
2593	Health Program Coordinator 2 (CBHS)			1.00	\$ 98,070
2320	Registered Nurse (CBHS)	(1.00)	\$ (138,179)	(1.00)	\$ (141,265)
2593	Health Program Coordinator 3 (CBHS)	1.00	\$ 96,880	1.00	\$ 98,070
		2.00	168,577	6.00	594,167
			79,181		295,188
			\$ 247,758		\$ 889,355

Operating Expenses

Index Code	Character/Subobject Code		
HCHAPADMINGF		\$ -	\$ -
HMHMCC730515			

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input checked="" type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Establish Weekends/Evenings Clinic to Maximize Access**

TARGETED CLIENTS: DPH-COPC Patients/Clients

PROGRAM CONTACT NAME/PHONE: Bill Blum/255-3586

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
1.70	3.50	\$253,288	\$532,246

PROGRAM DESCRIPTION: (Brief description of Program Change)

The proposed initiative would provide additional staffing to enable the Community Oriented Primary Care (COPC) system to provide expanded evening/weekend clinics hours. This would allow COPC to better serve individuals who are unable to make appointments during traditional office hours. Additionally, for COPC to remain competitive and receive maximum revenue reimbursement following the implementation of the Affordable Care Act (ACA), DPH is developing a patient centered package of services that will attract patients to select or retain DPH as their health care provider, when other health care options become available. Currently weekend and evening services are only offered to special populations from within the COPC system. This proposal would allow the Department to expand up to eight clinic sessions per week, including both evening and weekend hours. The proposed additional clinics would be implemented in one or more of the following clinic locations: 1) Chinatown Public Health Center (CPHC), 2) Castro Mission Health Center (CMHC), or 3) Ocean Park Health Center (OPHC). The actual implementation will be based on demonstrated need and projected utilization.

JUSTIFICATION:

This proposal has many benefits, including: accommodating the needs of patients to retain them within the DPH system; attract new patients who seek after-hours health care options; allow DPH to meet one of its ACA milestones, a requirement for revenue reimbursement; improve access and alleviate the strain for COPC clinics that have reached maximum capacity for accommodating new patients during regular hours, and; offset COPC's existing revenue deficit by expanding revenue generation.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

One Primary Care Provider (PCP) currently carries a panel size of 1,200 patients. As this proposal will fund 1.10 FTE, it is expected that this many clients will receive services. The remaining positions are support positions to the PCP, as part of the required health care team to achieve productivity standards.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Increase in Expense by \$253,288 in FY13-14 and \$532,246 in FY14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

In total, the following 3.50 FTE would be added: 1.10 FTE 2230 Physician Specialist, .60 FTE 2430 Medical Evaluations Assistant (MEA), .60 FTE 2586 Health Worker II, .6 FTE 2903 Eligibility Worker, and .6 FTE 2736 Porter position. In FY13-14, the positions would begin January, 2014 and reflect an equivalent 1.70 FTE.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Establish Weekends/Evenings Clinic to Maximize Access (COPC)

Description	FY 2013-14	FY 2014-15
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salary & Fringes	\$ 253,288	\$ 532,246
	-	-
	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ -	\$ -
Total FTE's	1.75	3.50

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
2230	Physician Specialist (MD)	0.55	\$ 108,022	1.10	\$ 222,384
2430	Medical Evaluations Assistant (MEA)	0.30	\$ 17,888	0.60	\$ 36,385
2586	Health Worker II	0.30	\$ 17,501	0.60	\$ 35,597
2903	Eligibility Worker	0.30	\$ 19,152	0.60	\$ 38,956
2736	Porter	<u>0.30</u>	<u>\$ 16,102</u>	<u>0.60</u>	<u>\$ 32,753</u>
		1.75	178,664	3.50	366,075
			<u>74,624</u>		<u>166,170</u>
			\$ 253,288		\$ 532,246

Operating Expenses

Index Code	Character/Subobject Code		
HCHAPADMINGF		\$ -	\$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input checked="" type="checkbox"/> Public Health/CP MCAH | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Young Black Women's Health**

TARGETED CLIENTS: Adolescent girls and women of childbearing age.

PROGRAM CONTACT NAME/PHONE: Mary Hansell, MCAH Director/415-575-5671

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
.77	1.0	76,468	103,587

PROGRAM DESCRIPTION: (Brief description of Program Change)

This is a pilot initiative intended to improve the health of African American women before pregnancy, and reduce disparities in pregnancy and birth outcomes. A Maternal, Child and Adolescent Health (MCAH) Public Health Nurse (PHN) hired under this initiative would lead efforts to improve access to high quality pre-conception health care for African American women of reproductive age, primarily through collaboration with primary care providers (COPC) and the San Francisco Health Plan (SFHP). Secondly, the PHN will partner with community based organizations and engage African American girls and women to assist them to overcome obstacles to accessing health care, e.g., transportation, child care, insurance coverage and lack of valuing the service. The PHN would (a) work through established MCAH programs (e.g., Black Infant Health, Family Planning, WIC, CPSP), COPC providers and the SFHP to identify health system barriers to accessing high quality preconception care, and (b) plan, implement and evaluate service improvements.

JUSTIFICATION:

The initiative is focused on a problem that has been identified by epidemiological analyses of health access and health data in San Francisco. No other organization is focusing on this problem in this population. One PHN will pilot the approach and outcomes will be evaluated.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Number affected: During the pilot, the PHN would focus work on the COPC clinics serving African American girls and women in the Southeast quadrant and Western Addition, for example, Southeast Health Center, Third Street Clinic, Maxine Hall Health Clinic and Cole Street Youth Clinic. The pilot project would affect patients receiving women's health, family planning and post partum services.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Total Expenses will increase by \$152,936 in FY1314 and by \$207,173 in FY1415.
Grants will cover 50%

IMPACT ON DEPARTMENT'S WORKFORCE :

Addition of 1.0 FTE 2830 Public Health Nurse

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Young Black Women Health Initiative

Description		FY 2013-14	FY 2014-15
Sources:			
MCAH Grant		\$ 76,468	\$ 103,587
Subtotal Sources		76,468	103,587
Uses:			
Salaries and Fringe		\$ 150,936	\$ 205,173
Operating Expense		2,000	2,000
Subtotal Uses		152,936	207,173
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 76,468	\$ 103,587
Total FTE's		0.75	1.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE				
2830	Public Health Nurse	0.77	\$	106,398	1.00	\$ 141,265
				-		-
				106,398		141,265
	Fringe (FY 13-14 = 42% , FY 14-15 = 47%)			44,538		63,908
			\$	150,936	\$	205,173

Operating Expenses

Index Code	Character/Subobject Code					
HCHPMADMINGF		\$	1,000	\$	1,000	
HCHPMMCHADGR	HCPM03 1400 - MCAH Grant	\$	1,000	\$	1,000	

Facilities Maintenance, and Equipment (List by each item by count and amount)

Totals	N/A	\$	152,936	\$	207,173
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7.68

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: MD Access Initiatives

TARGETED CLIENTS: Patients at San Francisco Department of Public Health (SFDPH)

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO / 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
0.50	1.00	1,247,916	1,451,451

PROGRAM DESCRIPTION: (Brief description of Program Change)

In recent years, the increased demand stemming from Healthy San Francisco, the economic downturn, the need to keep capitated Seniors and Persons with Disabilities (SPDs) in-network, the attrition in volunteer faculty, and the external regulatory mandates regarding wait-times for ambulatory services, have significantly impacted specialty services at SFGH. This initiative will address issues of capacity, access and wait-times in the ambulatory arena.

JUSTIFICATION:

Current wait times in some specialty clinics pose regulatory challenges and patient safety concerns. Investments to reduce or prevent increases in wait times will result in more expeditious diagnosis and management of care. Timely access to appropriate care is key to a high functioning, integrated delivery systems that contributes to financial and operational efficiency.

If access standards are not met for the (Low Income Health Program) LIHP patient population, there could be funding reductions from the Safety Net Care Pool of approximately \$1 million annually. Also, if there is lacking specialty care capacity for Healthy San Francisco patients and these patients are sent to non-DPH providers, there could be an additional annual \$1-2 million out of network cost to SFGH

The following services or expertise needs were selected for this program due to current significant wait times, the need for increased proficiency or the maintenance of a critical service: Trauma Surgery Clinic; Liver Clinic; Nephrology oversight; increasing OB/Gyn capacity; Oral Surgery; Pediatrics ICU; Neurology regulatory requirements; and the Geriatrics e-Referral and Clinical Service pilot.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

There are approximately 150,000 individuals who receive care in the safety net and nearly all patients require a specialist referral during their care.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$1,247,916 in FY 13-14 and \$1,451,451 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 0.50 FTE in FY13-14 and 1.00 FTE in FY14-15.

INITIATIVE TITLE: SFGH Access Initiatives

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 146,093	\$ 266,357
	Operating Expense	\$ 1,101,823	\$ 1,185,094
Subtotal Uses		\$ 1,247,916	\$ 1,451,451
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 1,247,916	\$ 1,451,451
Total FTE's		0.50	1.00

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2328	Nurse Practitioner	0.50	\$ 92,233	1.00	\$ 188,585
	Total Salary	0.50	92,233	1.00	188,585
	Fringe		53,861		77,772
	Total Salary and Fringe	0.50	\$ 146,093	1.00	\$ 266,357

Operating Expenses

Index Code	Character/Subobject Code		
	UCSF Affiliation Agreement / Surgery - Trauma Surgeon	304,668	318,869
	UCSF Affiliation Agreement / Trauma Surgery Clinic	67,515	102,574
	UCSF Affiliation Agreement / Medicine/GI - Liver Clinic Attending	35,650	37,312
	UCSF Affiliation Agreement / Medicine - Nephrology Attending	19,375	20,278
	UCSF Affiliation Agreement / OB/Gyn Attending	281,356	294,471
	UCSF Affiliation Agreement / Oral Surgery Attending	148,742	155,675
	UCSF Affiliation Agreement / Pathology Attending	30,474	31,895
	UCSF Affiliation Agreement / Pediatrics Attending	50,673	53,035
	UCSF Affiliation Agreement / Neurology Attending	128,960	134,971
	UCSF Affiliation Agreement / Geriatrics e-Referral and Clinical Service	34,410	36,014
	Total UCSF Affiliation Agreement	\$ 1,101,823	\$ 1,185,094

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: UCSF Affiliation Agreement Services

TARGETED CLIENTS: Patients at San Francisco Department of Public Health (SFDPH)

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO / 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
0.15	0.20	526,849	638,718

PROGRAM DESCRIPTION: (Brief description of Program Change)

The following programs require enhancements and are necessary for SFDPH to address the health needs of San Franciscans, with a special emphasis and commitment to serving the City's most vulnerable, diverse populations.

JUSTIFICATION:

Sleep Study Program Redesign: To decrease wait-times; accommodate increased demand; improve quality of care; decrease testing costs; the in-lab sleep studies will be eliminated at SFGH. Testing will be done through a home sleep testing (HST) vendor and UCSF Medical Center at Mt. Zion.

Audiology Services: The current wait-time is ~8 months. Increasing audiology services from 20 hrs/week to 40-48 hrs/week will decrease wait-times and improve early detection of hearing loss.

Ophthalmology – 4M Eye Clinic: This program will address the growing number of clients for the current 4M Eye Clinic, the Pediatric Ophthalmology Program and the new Tele-ophthalmology Program targeted to the 6,000 registered diabetics in SF.

HIV Hepatitis Co-Infection Clinic (Ward 86): To continue a service that treats hepatitis C virus (HCV) patients. Forty percent of HIV-positive patients within the CHN are co-infected with HCV, amounting to over 1,500 patients. As treatments for HIV extend the lives of individuals with HIV, liver disease caused by HCV emerges as a major cause of morbidity.

GMC Medical Director: This expanded position will ensure meeting Centers for Medicare and Medicaid Services (CMS) milestones by improving no-show rates and increasing attending physician precepting/residents' clinic sessions to CMS benchmarks.

Urgent Care Cardiology Clinic: The current wait-time is 53 days. This program will allow high-risk patients to be seen within 7 days of scheduling an appointment. The Clinic has the capacity to deliver patient services that would address SFDPH's fundamental goal of decreasing medical complications, emergency visits and hospitalizations.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Sleep Study Program Redesign: Current wait-times of 240 days will be reduced to 30 days. The number of sleep studies will increase from 268/year to 672/year. **Audiology Services:** The decrease in wait-time will allow patients to be seen by an Otolaryngologist in a timely manner so that they may seek appropriate care sooner. **Ophthalmology – 4M Eye Clinic:** The additional technicians will allow the Eye Clinic to serve an additional 8,000 individuals who would otherwise not receive proper eye care.

HIV Hepatitis Co-Infection Clinic (Ward 86): This program affects approximately 126 clients annually.

GMC Medical Director: This position will increase units of services by 1,119 and increase new, unduplicated clients by 193. **Urgent Care Cardiology Clinic:** Eight additional patients per week will be served for an additional total of 416 patients annually.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$526,849 in FY 13-14 and \$638,718 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 0.15 FTE in FY13-14 and 0.20 FTE in FY14-15.

INITIATIVE TITLE: UCSF Affiliation Agreement Services

Description		FY 2013-14	FY 2014-15
Sources:			
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 67,773	\$ 73,183
	Operating Expense	\$ 459,076	\$ 565,535
Subtotal Uses		\$ 526,849	\$ 638,718
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 526,849	\$ 638,718
Total FTE's		0.15	0.20

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2430	Medical Evaluations Assistant	0.15	\$ 8,944	0.20	\$ 12,128
TEMPM_E	Temporary - Miscellaneous	0.00	50,046	0.00	50,046
Total Salary		0.15	58,990	0.20	62,174
Fringe		14.89%	8,783	17.71%	11,009
Total Salary and Fringe		0.15	\$ 67,773	0.20	\$ 73,183

Operating Expenses

Index Code	Character/Subobject Code		
	UCSF Affiliation Agreement / Sleep Study Program	\$ 151,824	\$ 197,174
	UCSF Affiliation Agreement / Audiology Services	\$ 49,280	\$ 64,344
	UCSF Affiliation Agreement / 4M Eye Clinic	\$ 113,820	\$ 154,443
	UCSF Affiliation Agreement / HIV Hepatitis Co-Infection Clinic	\$ 16,559	\$ 17,331
	UCSF Affiliation Agreement / GMC Medical Director	\$ 58,056	\$ 60,762
	UCSF Affiliation Agreement / Urgent Care Cardiology Clinic	\$ 32,550	\$ 34,067
	Materials & Supplies	\$ 36,987	\$ 37,414
		\$ 459,076	\$ 565,535

Facilities Maintenance, and Equipment (List by each item by count and amount)

2012-13 and 2013-14 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Orthotics and Prosthetics M/Cal SPD and SFPATH**

TARGETED CLIENTS: MediCal Managed Care SPD and SFPATH

PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	\$453,200	\$453,200

PROGRAM DESCRIPTION: (Brief description of Program Change)

This funding ensures that SFGH is able to meet increasing patient volume and fund increasing Orthotics and Prosthetics medical supply costs for the MediCal Managed Care Senior and Persons with Disabilities (SPD) and SFPATH populations.

JUSTIFICATION:

Inpatient and outpatient orthopedic medical supply costs – used for patients' injury/illness mitigation and recovery – continues to increase. Increases in patient care volume is caused by (1) the state mandated transition of SPDs from Fee For Service MediCal to Managed Care and (2) the creation of the SFPATH Program that prepares more citizens for Federal Health Care Reform Medicaid Coverage in 2014. Costs for orthopedic medical supplies have also increased significantly. Thus, increasing patient volume and increasing medical supply costs require budget augmentation.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Additional 2,500 New Patients were added to the DPH system in FY 11-12.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$453,200 in FY 13-14 and \$453,200 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There is no CCSF workforce impact.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Orthotics and Prosthetics M/Cal SPD and SFPATH

Description		FY 2013-14	FY 2014-15
Sources:			
Inpatient Revenues (see financials)		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
		\$ 453,200	\$ 453,200
		-	-
		-	-
Subtotal Uses		453,200	453,200
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 453,200	\$ 453,200
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

Fringe (FY 13-14 = 42% , FY 14-15 = 46%)

-	-
-	-
-	-
\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
	Materials and Supplies	\$ (148,000)	\$ (148,000)
	UC Contract - Medical Supplies	\$ 601,200	\$ 601,200
	Total	\$ 453,200	\$ 453,200

3.74

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **LHH Clinical Pharmacist Clinics**

TARGETED CLIENTS: LH Residents

PROGRAM CONTACT NAME/PHONE: **Michelle Fouts (415) 682-5782**

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
0.50	1.00	(\$64,872)	\$41,569

PROGRAM DESCRIPTION: (Brief description of Program Change)

Initiation of pharmacist clinics for anticoagulation clinic for LH residents receiving warfarin, transition clinic for LH residents preparing for discharge to independent living and medication therapy management for annual comprehensive medication review.

Anticoagulation Clinic: LH has 68 residents currently receiving warfarin. The medication requires intense monitoring to assure safe use. Warfarin is a complex medication that is recommended to be managed via a systematic process by a knowledgeable provider utilizing clearly outlined protocols. Current limitations of the LH anticoagulation monitoring program are the delay in lab results that contribute to late order changes. Moving the monitoring to the clinic setting with POCT will streamline the process, potentially decrease medication errors and provide revenue through the clinic visit.

Transition Clinic and Medication Therapy Management.

National Patient Safety Goals and upcoming HACAP indicators stress improved communication regarding medications during transitions in care. In working toward an improved integrated delivery system LH is working on improving patient flow which includes increasing successful discharges to the most appropriate level of care. Adverse drug events are common reasons for readmission. Adequately preparing residents to manage their own medications post LH is a key component to safe discharge to independent living. Additionally, there is a new requirement for select Medicare Part D participants in SNF setting to have an annual comprehensive medication review that is separate from the routine medication regimen review.

JUSTIFICATION:

Anticoagulation Clinic; Pharmacist-run anticoagulation service is common in the VA health system, managed care (e.g.Kaiser) and tertiary care settings throughout the United States. Data is available that a pharmacist-run anticoagulation service can improve care, reduce complications, reduce hospitalizations and emergency room visits and reduce overall costs. This provides a systematic process of managing oral anticoagulation, while freeing physicians to attend to other patient-care responsibilities. The proposed anticoagulation clinic would utilize a point of care testing model. LH residents would be scheduled for clinic visits at a frequency determined by protocol based on the stability of their warfarin regimen and lab results. The pharmacist would review the medical record and results of INR testing and make adjustments per the protocol. Each clinic visit would be documented in the EHR. The visits would be billed thru the medical clinic. Based on current patient load anticipate 40 to 50 clinic visits per week.

Medication Therapy Management and Transition Clinic. Insures safe, effective, and cost-efficient medication therapy is implemented for LH residents requiring annual comprehensive medication review via Medicare Part D and provides continuity of care, transition of care, and discharge services as appropriate. Medicare Part D is mandated to provide all qualifying participants in SNF setting with an

annual comprehensive medication review that is separate from the medication regimen review process. The clinic could also be utilized for training of residents as they approach discharge. Pharmacist would provide follow up with each resident post discharge to triage medication problems. Volume will be variable but anticipate average of 10 clinic visits per week.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

LH residents anticipate up to 50 clinic visits per week

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Labor and pharmaceutical material supply expenses will increase by \$117,952 in FY 13/14 and by \$233,533. Revenue will increase by \$182,823 in first year and by \$191,964 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE :

Increased by 0.50 FTE in FY 13/14 and annualized to 1.00 FTE ongoing.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH Clinical Pharmacist Clinics

Description		FY 2013-14	FY 2014-15
Sources:			
Medicare Part D & Medi-Cal Revenue		\$ 182,823	\$ 191,964
Subtotal Sources		182,823	191,964
Uses:			
Salary & Fringe		\$ 107,632	\$ 224,381
Operating Expenses		10,320	9,152
Subtotal Uses		117,952	233,533
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (64,872)	\$ 41,569
Total FTE's		0.50	1.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY 14-15
2454	Clinical Pharmacist (PP14)	0.50	78,891	1.00	160,470
			-		-
		0.50	78,891	1.00	160,470
Fringe (FY 13-14 = 36% , FY 14-15 = 40%)			28,741		63,911
			107,632		224,381

Operating Expenses

Index Code	Character/Subobject Code		
HLH448803	040/04000 Materials Supplies	\$ 10,320	\$ 9,152

Facilities Maintenance, and Equipment (List by each item by count and amount)

7.77

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: Neurobehavioral Day Program

TARGETED CLIENTS: SNF Patients with Complex Medical and Behavioral Issues

PROGRAM CONTACT NAME/PHONE: Madonna Valencia, RN, MSN/ 415 327-2765

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
12.55	16.00	\$1,630,707	\$2,120,925

PROGRAM DESCRIPTION: (Brief description of Program Change)

The LHH neurobehavioral day program will create a structured therapeutic day program for cognitively impaired SNF residents with complex behavioral symptoms. Residents will be receive activities and programming utilizing LHH community space such as the farm, wellness center, art studio and wellness center, for structured activity. The goal is to provide meaningful activity designed to promote resident success and enhance the skills of the staff. The program will allow clients to reach or maintain highest level of function in the least restrictive environment. The program will improve LHH capacity to care for behaviorally complex clients.

JUSTIFICATION:

The LHH neurobehavioral day program is consistent with DPH integrated delivery system. Staff from BHC, SFGH, and the director of community placement have collaborated with LHH to develop this proposal. The proposed program will facilitate appropriate utilization of services within DPH and support a more seamless transition of patients to the most appropriate level of care in addition to increasing capacity for caring for clients that historically have had limited options. In addition, it is anticipated to prevent unnecessary acute hospital admissions.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Fifty-eight percent of LHH current residents have some level of cognitive impairment. The proposed program will be utilized for those with challenging behavioral symptoms. The goal is to develop a capacity for 100 residents to participate in the program. However, impact will be felt throughout the institution due to improved skills of staff and successful engagement of participants through therapeutic activities and programming.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenditures will increase by \$1,630,707 in FY13/14 and \$2,120,925 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE :

Increasing by 12.55 FTEs in FY13/14 and 16.00 FTEs in FY 14/15

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Neurobehavioral Program

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Salary & Fringes		\$ 1,321,277	\$ 1,710,745
Operating Expenses		309,430	410,180
Subtotal Uses		1,630,707	2,120,925
Net General Fund Subsidy Required (savings)/cost Uses less Sources		\$ 1,630,707	\$ 2,120,925
Total FTE's		12.55	16.00

New Positions (List positions by Class, Title and FTE)		(PP7)			
Class	Title	FTE	FY13-14	FTE	FY14-15
2303	Patient Care Assistant	7.70	408,416	10.00	539,450
2312	Licensed Vocational Nurse	2.31	221,122	3.00	292,064
2930	Psych Social Worker	1.00	88,464	1.00	89,972
428	Unit Clerk	1.54	95,919	2.00	126,694
Temp N	Temp Nurse - Salary		10,550		10,550
Temp M	Temp Misc - Salary		43,125		43,125
		12.55	867,597	16.00	1,101,856
	Fringe (FY 13-14 = 47%, Temp = 7.9%)		453,681		608,889
			\$ 1,321,277	\$	1,710,745

Operating Expenses

Index Code	Character/Subobject Code	FY13-14	FY14-15
ILH448803	040/04461 Pharmaceutical Supplies	302,250	403,000
ILH448662	021/02202 Training	7,180	7,180

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input checked="" type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Sexual Reassignment Surgery Program**

TARGETED CLIENTS: Uninsured transgender adults

PROGRAM CONTACT NAME/PHONE: **Kathy Ballou, (415) 206-5726**

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
		\$300,000	\$500,000

PROGRAM DESCRIPTION: (Brief description of Program Change)

Creation of a new program to provide certain specified sexual reassignment surgeries (SRS) and related patient education and preparation services to eligible uninsured transgender adults. Currently, the Department provides a range of health services to transgender residents such as primary care, prevention, behavioral health, hormone therapy, specialty and inpatient care. The SRS program will be accompanied by a comprehensive transgender services program that includes procedures for appropriate patient selection, counseling, education, and informed consent including clear discussion of expected results prior to surgery. Benefits currently offered under Medi-Cal will be available under this program. Any benefits beyond those covered by Medi-Cal would be determined based on funding availability, the RFP process, and clinical considerations.

JUSTIFICATION:

The Board of Supervisors adopted resolution number 288-12 in July 2012, encouraging the Department to ensure the provision of medically necessary gender-transition-related care. The Health Commission approved resolution number 12-12 in November 2012, approving the development of a new, separate program to provide SRS to eligible uninsured San Francisco residents.

In San Francisco, SRS is generally available through private providers who do not usually serve uninsured individuals unless the transgender person is paying for the full cost out of pocket. These highly specialized services have not been provided in the past because the Department does not provide SRS as stand-alone surgical procedures and lacks the clinical expertise and capacity to provide certain procedures required for SRS. However, outcome studies of SRS have documented technical success and positive outcomes for patient satisfaction, quality of life, physical functioning, social and emotional adjustment, sexual functioning and lack of short-term or long-term regrets.

Since early 2011, the Department has been engaged in a collaborative planning process with the San Francisco HEALTH Council on the provision of SRS to transgender persons. The Human Rights Commission and the San Francisco City Attorney's Office have provided input into this effort. The Board of Supervisors has expressed interest in the Department's provision of SRS. The Department is proposing to issue an RFP for a provider to perform all SRS procedures in 2013-14 and some procedures in 2014-15.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Limited information is available to assess the number of people that will be affected by the proposed program. There are fewer than 200 self-identified transgender participants currently in Healthy San Francisco, and there is little data to indicate what portion of the population may request SRS. SFGH

pharmacy data indicate that 163 male patients and 49 female patients are taking hormone therapy related to transgender status. Provision of SRS could lead to improved identification of participants who may request the services. Based on these imperfect data, it is estimated that there may be between 200-400 potential candidates for SRS under this program. According to the Transgender Law Centers 2008 report entitled The State of Transgender California, "some 30% of transgender Californians report that they have postponed care for illness or preventive care due to disrespect or discrimination from doctors or other health care providers. Over 40% did so because of economic barriers." The Department is additionally working to improve the experience of transgender, transsexual and gender nonconforming clients in all areas of the Department through staff training.

The SRS program will not be a stand-alone health service. As with any surgical procedure, it is important to appropriately educate, prepare, assess and provide follow-up care for those requesting SRS. SRS will be offered within the context of a comprehensive transgender services program that includes procedures for appropriate patient selection, counseling, education, and informed consent (including clear discussion of expected results). The Department is working on developing this program and estimates that it will be operational in fall 2013.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

To the extent that medically-indicated SRS reduces the risk of self-harming behavior and behavioral health issues related to gender dysphoria, providing SRS may reduce utilization urgent care or emergency services (SFGH) and of behavioral health services (CBHS).

Costs will be finalized through the RFP process and a resulting contract for the selected SRS to be offered through the program. Members of the department's planning group collected estimated costs from selected San Francisco Bay Area providers who perform SRS. These ranged from approximately \$4,000 to \$25,000 per procedure, although costs to the Department, which will include professional, facility and other fees, could vary from these estimates. Individuals may receive multiple procedures as medically necessary; however, the lifetime benefit will be capped at \$75,000.

IMPACT ON DEPARTMENT'S WORKFORCE :

Cultural competence is critical to effectively serve the Department's diverse patient population. A Department-wide transgender training effort began in November 2012. The goal of the training is to improve the care of transgender, gender diverse and transsexual clients and patients.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Sexual Reassignment Surgery Program

		FY 2013-14	FY 2014-15
Sources:			
Subtotal Sources		-	-
Uses:			
Contractual Costs		\$ 300,000	\$ 500,000
Subtotal Uses		300,000	500,000
Net General Fund Subsidy Required (Uses less Sources)		\$ 300,000	\$ 500,000
Total FTE's			

New Positions (List positions by Class, Title and FTE)

Class Title

Operating Expenses

Index Code Character/Subobject Code

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☒ Laguna Honda Hospital
☒ Primary Care
☒ Jail Health

- ☒ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **DPH Porters**

TARGETED CLIENTS: DPH Patients

PROGRAM CONTACT NAME/PHONE: Greg Wagner, CFO / 554-5610

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
6.16	8.00	\$518,385	\$702,700

PROGRAM DESCRIPTION: (Brief description of Program Change)

This initiative will add a total of 8 porters at SFGH, Community Oriented Primary Care Clinics, Jail Health and Laguna Honda Hospital.

JUSTIFICATION:

Adequate Porter staffing is needed to meet regulatory requirements, to facilitate patient flow and to ensure a clean and safe environment for our staff and patients. The current budgeted staffing levels are not adequate to meet the needs at SFGH, COPC and Jail Health. As a result, administrators and Human Resources invest a considerable amount of time hiring employees who are only eligible to work 1,040 hours (equivalent to 36 hours/week for 6 months). After reaching 1040 hours, these employees are required to be separated and must wait six months before they may reapply. Hiring these already trained and experienced Porters as permanent staff would reduce as-needed usage and decrease administrators and human resources time, seeking, hiring, and training these employees.

Adding these permanent positions to the budget also addresses Collective Bargaining concerns around using as needed staff for permanent work as well as addresses structural funding issues around growing as needed salary costs.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

No impact on clients.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$518,385 in FY 13-14 and \$702,700 in FY 14-15. The addition of these positions will reduce our structural deficit in future years due to a decrease in the usage of temporary salaries.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 6.16 FTEs in FY13-14 annualizing to 8.00 FTEs in FY14-15.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: DPH Porters

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Salary & Fringes		\$ 518,385	\$ 702,700
Subtotal Uses		518,385	702,700
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 518,385	\$ 702,700
Total FTE's		6.16	8.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY14-15
2736	Porters	6.16	330,626	8.00	436,704
		6.16	330,626	8.00	436,704
	Fringe (FY 13-14 = 59%, FY 14-15=61%)		187,759		265,996
			518,385		702,700

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each item by count and amount)

7.84

INITIATIVE TITLE: SFGH Nursing Service

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 1,643,738	\$ 2,356,894
	Operating Expense	\$ -	\$ -
Subtotal Uses		\$ 1,643,738	\$ 2,356,894
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 1,643,738	\$ 2,356,894
Total FTE's		8.40	11.50

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2320	Registered Nurse	8.40	\$ 1,160,013	11.50	\$ 1,624,548
			-		-
Total Salary		8.40	1,160,013	11.50	1,624,548
Fringe		41.70%	483,725	45.08%	732,346
Total Salary and Fringe		8.40	\$ 1,643,738	11.50	\$ 2,356,894

Operating Expenses

Index Code Character/Subobject Code

\$ - \$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Patient Care Assistants – Patient Care and Patient Safety**

TARGETED CLIENTS: Patients at SFGH served by PCAs

PROGRAM CONTACT NAME/PHONE: Terry Dentoni, CNO, 206-3670

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
18.40	25.20	1,566,944	2,191,919

PROGRAM DESCRIPTION: (Brief description of Program Change)

Additional Patient Care Assistants (PCA's) are necessary to meet the increasing demand of coaches for the fragile elderly, the demented, and the cognitively-impaired patients who have poor safety awareness and/or behavioral challenges. PCAs ensure that patients remain safe and do not harm others in the hospital.

JUSTIFICATION:

Each inpatient unit has a fixed allocation of permanent PCAs that are intended to assist RNs with day-to-day direct patient care as their primary duties. The units also utilize "as-needed" as well as Registry PCAs to meet the increasing demands for coaches specifically for the fragile elderly, demented, cognitively-impaired patients who present with poor safety awareness and/or behavioral challenges that pose a threat to their own safety and the safety of others. The patient census remains consistent every year, and the ongoing usage of as-needed and Registry PCAs for the consistent patient population is increasingly costly; both financially and administratively.

Medical/Surgical Leadership, Nursing Administration and Human Resources invest a considerable amount of time hiring as needed employees who are only eligible to work 1,040 hours (equivalent to 36 hours/week for 6 months). After reaching 1040 hours, these employees are required to be separated and must wait six months before they may reapply. Hiring these already trained and experienced PCAs as permanent staff would reduce as-needed and Registry usage (thus reducing growing as-needed and Registry costs) and would decrease the time Medical/Surgical Leadership, Nursing and Administration and Human Resources hours dedicate to this inefficient process.

Adding these permanent positions to the budget would also address Collective Bargaining Agreement concerns around using as needed staff for permanent work as well as address structural funding issues around growing as needed and registry costs.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

PCAs assist nurses throughout SFGH.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$1,566,944 in FY 13-14 and \$2,191,919 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 18.40 FTEs in FY13-14 annualizing to 25.20 FTEs in FY14-15.

INITIATIVE TITLE: Patient Care Assistants – Patient Care and Patient Safety

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 1,566,944	\$ 2,191,919
	Operating Expense	\$ -	\$ -
Subtotal Uses		\$ 1,566,944	\$ 2,191,919
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 1,566,944	\$ 2,191,919
Total FTE's		18.40	25.20

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>		
2303	Patient Care Assistants	18.40	\$ 975,742	25.20	\$ 1,359,414	
Total Salary		18.40	975,742	25.20	1,359,414	
Fringe		60.59%	591,202	61.24%	832,505	
Total Salary and Fringe		18.40	\$ 1,566,944	25.20	\$ 2,191,919	

Operating Expenses

Index Code Character/Subobject Code

\$ - \$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Escort Team at Laguna Honda Hospital**

TARGETED CLIENTS: LHH Clients

PROGRAM CONTACT NAME/PHONE: Madonna Valencia, RN, MSN/ (415)327-2765

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
5.39	7.00	\$419,163	\$562,825

PROGRAM DESCRIPTION: (Brief description of Program Change)

LHH cares for residents with complex medical issues, chronic illnesses, and cognitive impairments. Our residents have clinic appointments at SFGH, and other sites, and 70% need an escort due to their risk for fall, needing assistance with toileting, and assistance with transfer or registration. Creating an escort pool will be cost effective and will increase efficiency as well.

JUSTIFICATION:

Most of residents at LHH due to their cognitive impairments, mobility limitations, and most importantly safety precautions, need escorts to go to their outside clinic appointments. To ensure resident safety LHH assigns and escort to the patient to facilitate the appointment. These escorts are not currently in our budget, and we are using overtime to meet this need.

Adding these permanent positions to the budget would also address Collective Bargaining concerns around using as needed staff for permanent work as well as address structural funding issues around growing as needed and overtime costs.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Having a designated escort staff will increase efficiency in assisting residents in their outside appointments. This will decrease resident wait time for available escort, and establish better communication with transports and clinic staff.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Labor expenditures will increase by \$419,163 in FY 13/14 and \$562,825 in FY 14/15

IMPACT ON DEPARTMENT'S WORKFORCE :

Increasing by 5.39 FTEs in FY 13/14 and 7.00 FTEs in FY 14/15

7.89

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Escort Team at LHH

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Salary & Fringes		\$ 419,163	\$ 562,825
Subtotal Uses		419,163	562,825
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 419,163	\$ 562,825
Total FTE's		5.39	7.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY14-15
2303	Patient Care Assistant	2.31	122,525	3.00	161,835
2583	Home Health Aide	3.08	133,518	4.00	176,352
		5.39	256,043	7.00	338,187
Fringe (FY 13-14 = 56%)			163,121		224,638
			\$ 419,163	\$	562,825

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each item by count and amount)

7.90

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Laguna Honda Hospital Coach Team**

TARGETED CLIENTS: LHH Clients

PROGRAM CONTACT NAME/PHONE: Madonna Valencia, RN, MSN/ (415)327-2765

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
13.14	18.00	\$1,119,265	\$1,565,622

PROGRAM DESCRIPTION: (Brief description of Program Change)

LHH cares for residents with complex medical issues, chronic illnesses, and cognitive impairments. In fact 58% of our residents have some type of dementia or cognitive impairment that manifest behaviors that are a safety risk and would require 1:1 supervision, or what we call a coach. IN FY 20120 the daily need for coaches averaged 104 hours of overtime. The benefits of creating a COACH team is not just cost effective but also supports focused training and ensures competency.

JUSTIFICATION:

A Coach is provided to a resident at LHH who requires 1:1 supervision because of safety concerns. It could be that they are at risk of falling, intrusiveness or high elopement risk were some of the few reasons. It will be most cost effective if the 104 hrs. are paid as straight time versus OT hrs. The other value of having a pool of coach is to have specially trained staff that is consistent in the delivery of treatment management which will most likely contribute to positive resident outcomes in shorter time.

Adding these permanent positions to the budget would also address Collective Bargaining t concerns around using as needed staff for permanent work as well as address structural funding issues around growing as needed salary costs.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

This will impact 58% of cognitively impaired residents at LHH who at some point need 1:1 for safety reasons.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Labor expenditures will increase by \$1,119,265 in FY13/14 and \$1,565,622 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE :

Increasing by 13.14 FTEs in FY13/14 and 18 FTEs in FY 14/15

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Coach Team at Laguna Honda Hospital

Description		FY 2013-14		FY 2014-15
Sources:		\$ -		\$ -
Subtotal Sources		-		-
Uses:				
Salary & Fringes		\$ 1,119,265		\$ 1,565,622
Subtotal Uses		1,119,265		1,565,622
Net General Fund Subsidy Required (savings)/cost (uses less Sources)		\$ 1,119,265		\$ 1,565,622
Total FTE's		13.14		17.06

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY 14-15
03	Patient Care Assistant	13.14	696,959	18.00	971,010
		13.14	696,959	18.00	971,010
	Fringe (FY 13-14 = 56%)		422,306		594,612
			1,119,265		1,565,622

Operating Expenses

Index Code Character/Subobject Code

In order to meet demand:

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | X Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Public Health Operations Structural Funding**

TARGETED CLIENTS: Residents of the City and County of San Francisco

PROGRAM CONTACT NAME/PHONE: Tomas Aragon, MD

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
		\$307,489	\$454,208

PROGRAM DESCRIPTION: (Brief description of Program Change)

The program request is to continue funding for key Population Health Division positions previously funded by grants.

JUSTIFICATION:

The San Francisco Department of Public Health (SFPDH), Division of Population Health and Prevention (PHP) has reorganized into the new Population Health Division. For many years PHP consisted of autonomous sections that reported directly to the Health Officer. Most of our funding and activities have been categorical (disease-focused) and we have been successful in leading the nation in practice innovations and research. In spite of these strengths, our categorical structure, and lack of infrastructure to coordinate and align activities, has severely limited our ability to adapt and respond to a rapidly changing external environment.

At the same time, several positions previously funded through grants can no longer be assigned to grant funding. These are key infrastructure positions in the reorganized division. If funding is not allocated to retain these positions, the positions will need to be deleted or will create unbudgeted salary costs for the department.

The reorganization will (1) integrate health assessment, surveillance, epidemiology and informatics to support division, departmental, and citywide efforts; (2) integrate communicable disease prevention and control services; (3) integrate specialists in community engagement, planning, and mobilization to focus on health promotion and health education in communities; and (4) create a division-wide infrastructure to support professional development, continuous quality improvement, grant development and management, operations and fiscal efficiency, and public health accreditation. The positions requested provide the critical infrastructure to support the division reorganization and integration efforts.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

The PHD reorganization/integration efforts strategically positions the Division to:

- Lead SFPDH efforts in health protection, health promotion, disease prevention and disaster preparedness
- Be client-centered and community-centered (“healthy people”) – not pathogen-centric
- Promote healthy, sustainable environments (“healthy places”)
- Operationalize division-wide focus on health equity
- Be agile, adaptive and responsive to emerging health problems such as the H7N9 avian influenza in China, the meningitis outbreak in MSMs in New York and the recent terrorist attack in Boston.
- Strengthen service excellence to communities, clients, and providers
- Achieve and maintain Public Health Accreditation

- Strengthen culture of discovery and world class research
- Become a learning organization with a culture of trust, innovation and continuous improvement

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Personnel expenses will increase by \$307,489 in FY 13/14 and \$454,208 in FY 14/15

IMPACT ON DEPARTMENT'S WORKFORCE :

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Public Health Operations Structural Funding

Description	FY 2013-14	FY 2014-15
Sources:		
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
	\$ 307,489	\$ 454,208
	-	-
	-	-
Subtotal Uses	307,489	454,208
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 307,489	\$ 454,208
Total FTE's	0.00	0.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE				
0922	Manager I	0.00	\$	87,007	0.00	\$ 114,834
2803	Epidemiologist II	0.00		74,354	0.00	96,564
2591	Health Program Coordinator, II - effective 01/01/14	0.00		42,549	0.00	85,098
	Premium Pay - 0922 Manager I - 5% Supervisory Differential			5,551		5,742
	Premium Pay - 2803 Epidemiologist II - Lead Person Pay			2,600		2,600
			\$	212,061		\$ 304,838
	Fringe (FY 13-14 = 45% , FY 14-15 = 45%)			95,428		149,370
		0.00	\$	307,489	0.00	\$ 454,208

Operating Expenses

Index Code	Character/Subobject Code		
		\$ -	\$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)



Section	Agency	Modality	Program/Provider	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mo.)	FY14-15 Non-Matched General Fund Reductions (2 mo.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of Budgeted UDC	Total UDC	Total UOS (Mode 15 MH evca converted to hours from minutes)
SA Adult	Asian & Pacific Islander Wellness Center	Wellness Promotion & Prevention	Special Project: Trans-Females who have Sex with Men (SP TFSM)	250,000							
SA Adult	Asian & Pacific Islander Wellness Center	Prevention	Health Education Risk Reduction (HERR)	152,865	31,847	6,359	38,216	25%	144	576	2,655
MH/SA	Asian American Recovery Svs	Fiscal Intermediary	Payment to Board and Care facility operators, out-of-county foster care providers, end msc. programmatic payments	192,865	31,847	8,389	38,216	9%	144	576	2,655
MH Child	Asian American Recovery Svs	Outpatient	SOC - Project Reconnect	13,860							
MH Child	Asian American Recovery Svs	Outpatient	SOC - Project Reconnect	1,156							
MH Child	Asian American Recovery Svs	Outpatient	SOC - Project Reconnect	8,085							
MH-Adult	Asian American Recovery Svs	Outpatient	SOC - Project Reconnect	164,340	23,195	4,639	27,835	17%	22	130	1,064
SA Adult	Asian American Recovery Svs	Outpatient	SOC - Project ADAPT	272,214	57,976	10,292	61,754	23%	26	115	2,886
SA Adult	Asian American Recovery Svs	Prevention	SOC - Lea Woodward Counseling Center	278,286	57,976	11,595	69,572	25%	20	80	2,731
SA Adult	Asian American Recovery Svs	Prevention	SOC - COPPASA	132,685	27,643	5,529	33,171	25%	500	2,000	1,302
SA Adult	Asian American Recovery Svs	Residential Treatment	SOC - Residential Therapeutic Community	611,590	64,779	64,779	129,559	21%	8	36	5,977
COPC	Asian American Recovery Svs	Outpatient	SOC - Project Youth Reconnect	235,761							
COPC	Asian American Recovery Svs	Primary Care	Asian American Recovery Services (TWHC)	40,000							
COPC	Asian American Recovery Svs	Primary Care	Asian American Recovery Services (Medical Respite Clinic)	116,177							
HUH	Asian American Recovery Svs	Fiscal Intermediary	Check Writing Services - Emergency Hotels	1,756,000							
MH-Adult	Asian American Recovery Svs	Fiscal Intermediary	BAART Community Health Care	2,822,767	23,832,436	96,835	321,890	1%	576	2,361	13,760
SA Adult	BAART Community Health Care	Outpatient	BAART Community Health Care	307,983	8,355	1,671	10,026	3%	12	180	2,226
SA Adult	BAART Community Health Care	Outpatient	BCH HIV	39,000							
MH-Adult	Baker Places, Inc.	Residential Treatment	San Jose Place	427,943	40,408	8,355	48,763	10%	12	868	2,894
MH-Adult	Baker Places, Inc.	Residential Treatment	Baker Street House	339,995	42,469	42,469	84,938	10%	18	180	5,814
MH-Adult	Baker Places, Inc.	Residential Treatment	Grove Street House	194,795	24,349	24,349	48,698	6%	8	148	7,032
MH-Adult	Baker Places, Inc.	Residential Treatment	Jo Ruffin Place	319,500	39,938	39,938	79,875	7%	11	150	3,285
MH-Adult	Baker Places, Inc.	Residential Treatment	Robertson Place	1,041,104	35,621	35,621	71,241	7%	14	200	7,032
MH-Adult	Baker Places, Inc.	Supportive Housing	Orchard House	784,865	294,237	35,617	71,234	9%	17	192	6,342
MH-Adult	Baker Places, Inc.	Supportive Services in Supportive Housing (Assisted Independent Living)	COOB	418,085							
MH-Adult	Baker Places, Inc.	Residential Treatment	Joe Healy Medical Detox	1,171,164	118,670	14,834	29,668	25%			
SA Adult	Baker Places, Inc.	Residential - Medical Detox	Joe Healy Medical Detox	100,865							
SA Adult	Baker Places, Inc.	Residential - Medical Detox	Acceptance Place	3,520,534	77,766	77,766	155,573	25%	15	520	8,376
HUH	Baker Places, Inc.	Residential Treatment	Ferguson Place	622,280							
HUH	Baker Places, Inc.	Residential Treatment	Supportive Living, Residential Subsidies	203,745							
HUH	Baker Places, Inc.	Residential Treatment	Ferguson Place	720,370							
HUH	Baker Places, Inc.	Residential	Supportive Living, Residential Subsidies	342,303							
HUH	Baker Places, Inc.	Residential	Supportive Living, Residential Subsidies	10,917							
CHPP	Baker Places, Inc.	Wellness Promotion & Prevention	Bayview HERC	11,852,829	270,644	270,644	541,288	5%	84	1,400	41,319
MH Child	Bayview HERC	Wellness Promotion & Prevention	Family Mosaic	303,944	63,322	12,864	75,986	25%	127	508	5,084
MH Child	Bayview Hunters Point Foundation	Fiscal Intermediary	outpatient	303,944							
MH Child	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	PEI school-based services	305,879							
MH-Adult	Bayview Hunters Point Foundation	Outpatient	Adult Behavioral Health	454,031							
MH-Adult	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	Anchor Program	231,101							
MH-Adult	Bayview Hunters Point Foundation	Outpatient	HIV Sat Avada Routine Opt-Out HIV Screening, Counseling, and Placement	1,019,346	63,346	12,659	76,015	7%	45	600	5,906
SA Adult	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	outpatient	201,565	41,993	8,398	50,391	25%	33	132	1,346
SA Adult	Bayview Hunters Point Foundation	Residential Treatment	Jeanel House Residential	25,000							
SA Adult	Bayview Hunters Point Foundation	Residential Treatment	Jilani Family Program Residential	631,417	32,803	32,803	65,605	10%	2	15	4,914
SA Child	Bayview Hunters Point Foundation	Outpatient	Youth Moving Forward Bayview	572,315	71,539	71,539	143,079	25%	5	18	1,971
SA Child	Bayview Hunters Point Foundation	Outpatient	Youth Moving Forward Police Hill	503,870							
SA Child	Bayview Hunters Point Foundation	Prevention	LG81 Youth Services	195,241							
SA Child	Bayview Hunters Point Foundation	Prevention	Youth Services	4,211							
SA Adult	Bayview Hunters Point Foundation	Prevention	Nicotine Treatment Program MM	105,245							
SA Adult	Bayview Hunters Point Foundation	Maternal	Jail Methadone Courtesy Dosing Program	1,247,249							
CHPP	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	Bayview Hunters Point Foundation	238,578							
HUH	Catholic Charities	Medical Case Management	Rita de Casia and Hazel Butsey	1,250,142	175,158	35,031	210,187	17%			
HUH	Catholic Charities	Medical Case Management	Derek Sive	7,046,290	354,836	160,441	545,277	6%	84	768	14,173
HUH	Catholic Charities	Residential Care Facility/Long Term	Peter Claver	175,072							
HUH	Catholic Charities	Supportive Services in Supportive Housing Subsidies	Edm WH Senior Community	391,848	889	178	1,067	0%	0	68	2,764
HUH	Catholic Charities	Housing Subsidies	Assisted Housing	451,378	120,913	5,038	30,228	0%	34	34	10,512
SA Adult	CATS	Residential Detox	Medical Respite and Sobering Center	927,368	25,190			25%	7	29	1,468
SA Adult	CATS	Residential Treatment	Golden Gate for Seniors	2,044,579	28,079	\$,218	31,298	2%	7	171	18,139
SA Adult	CATS	Residential Treatment	A Woman's Place	1,121,751							
SA Adult	CATS	Transportation	Mobile Assistance Patrol	266,895	33,362	33,362	66,724	25%	0	36	591
SA Adult	CATS	Transportation	Women's Drop-in OSUN	236,861	28,371	28,371	56,741	24%	6	32	2,628
SA Adult	CATS	SF HOT	SF Homeless outreach Team	300,000							
SA Adult	CATS	SF HOT	SF Homeless outreach Team	490,302							
SA Adult	CATS	SF HOT	SF Homeless outreach Team	632,684							
SA Adult	CATS	SF HOT	SF Homeless outreach Team	2,510,529							
SA Adult	CATS	SF HOT	SF Homeless outreach Team	6,166,332	61,732	61,732	123,468	2%	17	600	82,127
MH-Adult	City College of San Francisco	Training	WET-MH Certificate Program	298,103							

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Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non- Matched General Fund Reductions (10 mos.)	FY14-15 Non- Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % GF Reduction to Budgeted UDC	Total UDC	Total 15 MH ava converted to hours from minutes)
SA Adult	City College of San Francisco	Training	SA Certificate Program	132,088	132,088	27,518	5,504	33,022	25%	6	30	9,638
MH-Adult	City College of San Francisco Total			431,191	431,191	27,518	5,504	33,022	8%	8	36	9,638
MH-Adult	Community Housing Partnership	Outpatient	Essex House	80,955	191	40	6	48	0%	0	7	812
HUH	Community Housing Partnership	Housing Subsidies	DAH Prop 63 @ Cambridge Total	24,091								
MH Child	Community Vocational Enterprises	Vocational Services	Vocational Services	105,648	191	40	8	48	0%	0	7	812
MH-Adult	Community Vocational Enterprises	Peer & Intern Employment	Empowerment Services	12,889								
MH-Adult	Community Vocational Enterprises	Vocational Services	Vocational Services	209,767								
MH-Adult	Community Vocational Enterprises	Vocational Services	IME Janitorial Services	379,900	379,900	79,146	15,829	94,975	25%	100	400	44,113
MH-Adult	Community Vocational Enterprises	Vocational Services	Vocational Services	432,286								
MH-Adult	Community Vocational Enterprises	Vocational Services	Vocational Services	500,000								
MH-Adult	Community Vocational Enterprises	Vocational Services	35,668									
MH-Adult	Community Vocational Enterprises	Vocational Services	SF FIRST SFPL-OP	31,541								
MH-Adult	Community Vocational Enterprises	Vocational Services	Former Baker Paces Employees	157,532	157,532	32,819	6,564	39,383	25%	4	15	12,792
MH-Adult	Community Vocational Enterprises	Vocational Services	Prompt Staffing Services	91,068	91,068	18,973	3,795	22,767	25%	1	5	6,240
MH-Adult	Community Vocational Enterprises Total			1,850,651	628,500	130,936	26,188	157,125	8%	105	420	63,145
MH-Adult	Curry Senior Center	Outpatient	Older Adult Integrated Full Service Outpatient	73,995	12,225	2,547	509	3,056	4%	4	95	171
MH-Adult	Curry Senior Center	Outpatient	Behavioral Health Primary Care Integration	307,127								
SA Adult	Curry Senior Center	Outpatient	Older Adult BH IPSO	165,369	165,369	34,452	6,890	41,342	25%	13	51	33
COPC	Curry Senior Center	Outpatient	Curry Senior Center	361,541	361,541							
MH Child	Curry Senior Center Total			908,032	539,135	38,999	7,400	44,399	5%	17	146	204
MH Child	Dolores Street Community Services	Outpatient	Support Services at Casa Quezada	325,423	325,423	67,796	13,559	81,356	25%	42	167	3,381
MH Child	Dolores Street Community Services Total			325,423	325,423	67,796	13,559	81,356	25%	42	167	3,381
MH Child	Family Service Agency	Outpatient	Family Service Agency	315,981								
MH Child	Family Service Agency	Wellness Promotion & Prevention	EPSON Full Circle	423,225								
MH Child	Family Service Agency	Outpatient	Quality Childcare mental health	252,751								
MH-Adult	Family Service Agency	Outpatient	Deaf Community Counseling svc	19,363								
MH-Adult	Family Service Agency	Outpatient	POPS-ASO	191,176	30,375	6,328	1,266	7,594	4%	N/A	N/A	N/A
MH-Adult	Family Service Agency	Outpatient	Older Adult FSP	1,141,632	71,269	14,848	2,970	17,817	2%	8	528	7,480
MH-Adult	Family Service Agency	Outpatient	Geniatric Gough	930,257	260,819	54,337	10,867	65,205	7%	96	1,375	4,961
MH-Adult	Family Service Agency	Outpatient	Geniatric Services	991,839	166,315	34,649	6,930	41,579	4%	51	1,180	5,389
MH-Adult	Family Service Agency	Outpatient	Adult Full Service Partnership	1,343,184	122,226	25,484	5,093	30,557	2%	17	750	8,604
MH-Adult	Family Service Agency	Outpatient	Transitional Age Youth	424,867								
MH-Adult	Family Service Agency	Wellness Promotion & Prevention	Senior Drop-In Center	185,400								
MH-Adult	Family Service Agency	Wellness Promotion & Prevention	Prevention & Recovery in Early Psychosis	994,073								
MH-Adult	Family Service Agency	Outpatient	Deaf Community Counseling svc	397,485	192,688	40,143	6,029	48,172	12%	51	420	2,368
SA Adult	Family Service Agency Total			7,081,140	845,692	175,769	35,164	210,923	3%	224	4,283	28,820
SA Adult	Friendship House	Residential Treatment	Friendship House	217,741	217,741	27,218	27,218	54,435	25%	2	9	2,957
SA Adult	Friendship House	Residential Treatment	Friendship House	187,375								
HUH	Friendship House Total			405,116	217,741	27,218	27,218	54,435	13%	2	9	2,957
MH-Adult	Glides Community Housing	Outpatient	Supportive Services in Supportive Housing Project	359,070	359,070	74,723	14,945	89,668	25%	15	61	18,117
MH-Adult	HAFc dba HealthRIGHT 360	Outpatient	Adult Outpatient	359,070	359,070	74,723	14,945	89,668	25%	15	61	18,117
MH-Adult	HAFc dba HealthRIGHT 360	Outpatient	Crisis Intervention	325,405	169,156	35,241	7,048	42,289	13%	18	81	20,413
MH-Adult	HAFc dba HealthRIGHT 360	Residential Treatment	WRAPS	62,400	16,696	3,478	696	4,174	25%	28	215	2,043
MH-Adult	HAFc dba HealthRIGHT 360	Residential Treatment	COOB	8,108	6,534	1,361	272	1,634	20%			
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	AA Family Healing Circle	311,059	311,059	64,804	12,961	77,765	25%	25	101	3,684
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	Adult OP	1,240,223	1,210,223	252,130	50,426	302,556	24%	99	407	13,644
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	BASN Outpatient	100,183								
SA Adult	HAFc dba HealthRIGHT 360	Vocational Services	HAFc Admin Services	99,522								
SA Adult	HAFc dba HealthRIGHT 360	Fiscal Intermediary	Project Homeless Connect - Everyday Connect	367,965								
SA Adult	HAFc dba HealthRIGHT 360	Fiscal Intermediary	HIV Set-Aside Coordinator	120,000								
SA Adult	HAFc dba HealthRIGHT 360	Fiscal Intermediary	Project Homeless Connect	464,726								
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	Bridges Outpatient	730,138								
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	2nd Chance Case Mgmt	506,598								
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	SHOP grant	329,773								
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	Family Strength Outpatient (Connections)	200,457	200,457	41,762	6,352	50,114	25%	29	115	53
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	Rep Payee Case Mgmt	77,814								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	BASN Residential	432,525								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Social Distro Res (SUDP Lucile Witte Center)	840,112								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Satellite Residential	303,983	303,983	37,998	37,998	75,996	25%	21	84	6,898
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	WHITS Residential	313,699	313,699	39,237	39,237	78,475	25%	6	22	1,643
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	SF-GH Residential	427,162	427,162	53,395	53,395	106,791	25%	11	45	3,265
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Transgender Residential	348,641	348,641	43,605	43,605	87,210	25%	9	36	2,628
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Adult Residential	3,660,484	950,437	118,805	118,805	237,609	6%	29	444	41,721
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Bridges Residential	130,439								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	HIV Women's Residential (Lodestar)	190,873								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	CARE Vanable Length Residential	217,326								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	CARE MDSP Residential	355,411								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	CARE Residential Distro	211,634								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Women's Hope Residential (Pomery)	645,619	645,619	80,702	80,702	161,405	25%	9	35	5,250
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Criminal Justice Resident at (AB109 WO)	311,858								
SA Adult	HAFc dba HealthRIGHT 360	Supportive Housing	Criminal Justice ONPD (AB109 WO)	351,642								
SA Adult	HAFc dba HealthRIGHT 360	Methadone	Buprenorphine Medical Monitoring	50,437								
SA Adult	HAFc dba HealthRIGHT 360	Medical Case Management	Plumtree Housing Program	70,766								

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Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-Time Funding	Total Non-Matched General Fund Monies	FY13-14 Non- Matched General Fund Reductions (10 mo.)	FY14-15 Non- Matched General Fund Reductions (2 mo.)	Total General Fund Reductions	% General Fund Reduction of Total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UOS (Node 15 MHA avcs converted to hours from minutes)
MH-Adult	RAMS	Vocational Services	Vocational Services	200,784	161,215	33,566	6,717	40,304	20%	N/A	N/A	N/A
MH-Adult	RAMS	Vocational Services	IME/Junior Services	61,755								
MH-Child	RAMS	Vocational Services	Vocational Services	1,641								
SA-Child	RAMS	Vocational Services	Wellness substance abuse services	190,072								
MH-Adult	RAMS	Outpatient	PAES - SSI Advocacy Support Service	85,178								
MH-Adult	RAMS	Outpatient	PAES Vocational svc	90,854								
MH-Adult	RAMS	Outpatient	PAES Counsel. & Pre Counseling	1,876,140								
MH-Adult	RAMS	Residential	Broderick Street RCF	133,706	933,706							
RAMS Total				9,430,305								
MH-Adult	Regents of California (UC)	Supportive Services in Supportive H	Parcel G	1,251,409	66,158	13,236	79,429	150,833	1%	14	1,307	11,081
MH-Adult	Regents of California (UC)	Vocational Services	Dept. of Psychiatry Vocational Rehabilitation Program	431,986	498,695	20,821	124,924	205,816	20%	13	67	26,837
Regents of California (UC) Total				1,683,395	1,167,395	34,057	204,353	456,649	20%	27	174	18,918
MH-Adult	SAGE Project	Outpatient	Survivors of Trauma, Violence, and Sexual Abuse	675,544	543,251	115,177	22,835	138,012	20%	14	72	193,123
SA-Adult	SAGE Project	Outpatient	Survivors of Trauma, Violence, and Sexual Abuse	71,337	14,852	2,972	17,834	32,686	25%	12	48	855
MH-Adult	SAGE Project	Outpatient	Survivors of Trauma, Violence, and Sexual Abuse	132,483	132,483	27,601	5,520	33,121	25%	13	50	2,358
MH-Adult	SAGE Project	Outpatient	Survivors of Trauma, Violence, and Sexual Abuse	203,820	203,820	42,483	8,493	50,975	25%	25	98	3,243
MH-Adult	San Francisco AIDS Foundation	Outpatient	San Francisco AIDS Foundation	368,820	317,940	66,238	13,248	79,485	21%	19	83	1,986
SA-Adult	San Francisco AIDS Foundation	Outpatient	Substance Use & HIV Intervention	85,604	1,604	334	67	401	0%	0	20	650
SA-Adult	San Francisco AIDS Foundation	Outpatient	Substance Use & HIV Intervention	171,100	171,100	35,646	7,129	42,775	25%	4	13	774
SA-Adult	San Francisco AIDS Foundation	Outpatient	Substance Use & HIV Intervention	157,241								
SA-Adult	San Francisco AIDS Foundation	Outpatient	Substance Use & HIV Intervention	410,432	402,432	83,840	16,768	100,608	25%	23	95	4,004
SA-Adult	San Francisco AIDS Foundation	Outpatient	Substance Use & HIV Intervention	140,152	140,152	28,198	5,840	34,038	25%	-	-	-
SA-Adult	San Francisco AIDS Foundation	Outpatient	Substance Use & HIV Intervention	122,389	122,389	25,500	5,100	30,600	25%	13	50	1,012
MH-Adult	San Francisco AIDS Foundation	Housing Subsidies	Rental Subsidies	2,966,528								
MH-Adult	San Francisco AIDS Foundation	Housing Subsidies	Rental Subsidies	625,955								
San Francisco AIDS Foundation Total				8,059,731	1,159,637	240,758	48,151	288,907	6%	89	273	9,438
COPC	San Francisco Consortium	Primary Care	San Francisco Consortium (Internship Program)	41,000	41,000	8,542	1,708	10,250	25%	N/A	N/A	N/A
MH-Adult	San Francisco Study Center	Client's Rights Advocacy	SFMHRA (SF MH Clients Rights Advocacy)	370,927	370,927	77,276	15,455	92,732	25%	150	600	9,172
MH-Adult	San Francisco Study Center	Peer & Intern Employment	Peer & Intern Employment	980,554								
MH-Adult	San Francisco Study Center	Wellness Promotion & Prevention	OSH (OFFICE OF SELF-HELP)	577,910								
MH-Adult	San Francisco Study Center	Innovation	Fiscal Intermediary for Innovation	307,178								
MH-Adult	San Francisco Study Center	COOB	COOB	18,122	15,565	3,243	649	3,891	21%	-	-	72
MH-Adult	San Francisco Study Center	Wellness Promotion & Prevention	San Francisco Study Center	1,352,460	330,520	68,858	13,772	82,630	6%	-	-	-
San Francisco Study Center Total				3,617,951	1,161,022	241,880	48,376	290,256	8%	188	800	23,770
MH-Adult	San Francisco Suicide Prevention	Wellness Promotion & Prevention	Coywide Suicide Intervention / Crisis Counseling / Off-hours Coverage for Behavioral Health SOC, BHAC Line Coverage	181,960	181,960	37,908	7,562	45,480	25%	1,250	5,000	4,150
SA-Adult	San Francisco Suicide Prevention	Training	Fiscal Intermediary-Training Fund	45,860								
SA-Adult	San Francisco Suicide Prevention	Training	Fiscal Intermediary-Training Fund	199,489	199,489	41,560	8,312	49,872	25%	-	-	4,160
SA-Adult	San Francisco Suicide Prevention	Wellness Promotion & Prevention	Drug Use/Relapse Prevention Line	100,459	100,459	20,929	4,186	25,115	25%	350	1,400	3,185
San Francisco Suicide Prevention Total				35,385								
MH-Adult	SF Mental Education Funds	Training	Mental Health Board	129,691	481,908	100,358	20,080	120,437	21%	1,600	6,400	11,465
MH-Adult	SF Mental Education Funds	Training	CBHS CME Training Fund	40,603	18,046	3,760	4,205	25,231	19%	230	1,163	834
MH-Adult	SF Mental Education Funds	Training	CBHS SOC Training Fund	189,340	40,603	8,459	1,892	4,512	25%	752	298	1,163
SF Mental Education Funds Total				64,548	159,573	33,244	6,649	39,893	21%	298	1,183	282
COPC	Shanti Lifelines	Transportation	Shanti Lifelines	64,548	64,548	13,448	2,690	16,137	25%	-	-	1,212
MH-Adult	Shanti Lifelines	Outpatient	Mission Creek	259,790	94,540	13,448	2,690	16,137	25%	-	-	-
MH-Adult	Shanti Lifelines	Outpatient	Mission Creek	259,790	259,790	54,123	10,825	64,948	25%	39	159	5,670
Shanti Lifelines Total				259,790	259,790	54,123	10,825	64,948	25%	39	159	5,670
MH-Adult	SteppingStone	Outpatient	SteppingStone	35,669								
SA-Adult	The IRIS Center	Outpatient	IFSO Perinatal Program	711,933	368,846	76,843	15,369	92,212	13%	10	81	17,157
IRIS Center Total				747,602	368,846	76,843	15,369	92,212	13%	10	81	17,157
COPC	Tides Center	Primary Care	Tides Foundation aka Women's Comm Hlth Cinc	50,955	50,955	10,616	2,123	12,739	25%	130	520	991
COPC	Tides Center	Primary Care	Fiscal Intermediary to pri Property Mgmt	57,625	57,625	12,005	2,401	14,406	25%	N/A	N/A	12
MH-Adult	Tides Center	Supportive Services in Supportive H	Property Management	3,937,041	3,065,823				0%			
Tides Center Total				4,043,021	3,116,403	22,831	4,524	27,355	1%	130	520	603
MH-Adult	UCSF Alliance Health Project	Outpatient	Transgender	26,197	26,197	5,456	1,092	6,549	25%	100	74	74
MH-Adult	UCSF Alliance Health Project	Outpatient	Integrated Full Service Outpatient	718,702	10,924	2,276	455	2,731	0%	3	603	3,696
MH-Adult	UCSF Alliance Health Project	Outpatient	COOB	14,228	14,228		593	3,557	25%	-	-	-
UCSF Alliance Health Project Total				151,440	14,228							
MH-Adult	UCSF Alliance Health Project	Outpatient	Integrated Full Service Outpatient	910,487	10,668	2,140	12,837	12,837	1%	103	1,303	3,770
MH-Adult	UCSF Alliance Health Project	Outpatient	Coywide Linkage	833,813	81,349	17,266	17,266	103,596	12%	39	315	8,925
MH-Adult	UCSF Alliance Health Project	Outpatient	NOVA	165,094	414,382	88,330						
MH-Adult	UCSF Alliance Health Project	Outpatient	Rowing Team	845,387								
UCSF Alliance Health Project Total				64,917	13,917	2,899	580	3,479	5%	3	60	1,655
MH-Adult	UCSF Alliance Health Project	Outpatient	UCSF Coywide Outpatient	2,723,728	428,299	80,229	17,846	107,075	4%	42	375	6,780
UCSF Alliance Health Project Total				6,169,650	213,857	44,554	8,911	53,465	1%	4	40	36,875
MH-Adult	UCSF SFR	Outpatient	Coywide Focus	1,638,379	92,930	3,872	23,233	23,233	1%	2	173	9,792
UCSF SFR Total				7,408,029	83,914	12,763	76,897	76,897	1%	7	653	48,687
MH-Child	Westside Community Mental Health	Outpatient	outpatient	1,125,054								
MH-Child	Westside Community Mental Health	Outpatient	SED partnership	181,741								
MH-Child	Westside Community Mental Health	Outpatient	Team for Understanding and Compassion Program									

CONFIDENTIAL
LAGUNA HONDA HOSPITAL & REHABILITATION CENTER
CREDENTIALS SUMMARY REPORT

☐ 4/2/2013 Credentials Committee ☐ 4/11/2013 Medical Exec Committee ☐ 4/16/2013 Health Commission

APPOINTMENTS: Total = 0

Last Name	First Name	MI	Degree	Department/Specialty	Category	Comments/ Affiliation	Next Reappt

REAPPOINTMENTS: Total = 5

Last Name	First Name	MI	Degree	Department/Specialty	Category	Comments/ Affiliation	Next Reappt
Austin	Brenda	A	PhD	Psychiatry/Neuropsychology	Active		4/1/2015
Hughes	Anne	M	PhD	Outpatient Clinics	Affiliated Health Practitioner		4/1/2015
Toke	Anitha	B	M.D.	Outpatient Clinics/Nephrology	External Consultant	UCSF	4/1/2015
Tran	Trinh	T	M.D.	Rehab/Physical Med & Rehab	Active		4/1/2015
Young	David	M.	M.D.	Outpatient Clinics/Plastic Surgery	External Consultant	UCSF	4/1/2015

RESIGNATIONS: Total = 0

Last Name	First Name	MI	Degree	Department/Specialty	Category	Comments/ Affiliation	Effective Date

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**Edwin M. Lee, Mayor
Department of Public Health**



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

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Web Site: <http://www.sfdph.org>

MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 23, 2013, 4:00 p.m.

**101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102**

1) CALL TO ORDER

Present: Commissioner Sonia E. Melara, MSW, President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner Belle Taylor-McGhee

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The meeting was called to order at 4:07pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 2 2013.

Commissioner Comments/Follow-Up:

Commissioner Chow noted that under the item "LHH Update," the correct affiliation for Barbara Cormack is the USF School of Nursing.

Commissioner Melara requested that the memo which Mivic Hirose read for the LHH Update be included in the minutes.

Action Taken: The minutes of the April 2, 2013 Health Commission meeting were unanimously approved with the corrections noted above.

3) DIRECTOR'S REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Tom Waddell Urban Health Clinic to Open at 230 Golden Gate Avenue

I am very pleased to announce the opening of Tom Waddell Urban Health Clinic (TWUHC) in the Kelly Cullen Community at 230 Golden Gate Avenue (former site of the historic YMCA). On April 15, the Tenderloin Area Center of Excellence (TACE)—a health program for homeless persons with HIV—became the first clinic occupants after a long tenure at 187 Golden Gate. Services for TACE patients will include primary care, case management, and breakfast and art programs. In early summer, Housing and Urban Health Clinic and Tom Waddell Health Center's primary care program will merge and move to TWUHC. Full occupancy of the TWUHC is scheduled to begin on July 8, 2013 when HUHC and TWUHC begin operations. The Kelly Cullen Community

includes 172 units of supportive housing for the chronically homeless. It is designed for people who face the most complex challenges to live with stability, autonomy, and dignity.

Avian Influenza A:H7N9 Health Update

On Friday, April 12, the Population Health Division, Disease Prevention & Control Branch, Communicable Disease Control Unit, released the Avian Influenza A:H7N9 Health Update via blast fax to the clinical community in San Francisco. The update summarizes current information about the reported cases of Avian Influenza A:H7N9 in China and guidance for clinicians in San Francisco. It is posted on our Health Alerts/Advisories page at <http://www.sfcdcp.org/healthalerts.html>. We continue to monitor the progress of this novel virus and will keep the Commissioners, the clinical community and the public apprised of any important information that emerges throughout the upcoming season. Transmission from birds to humans is occurring in several provinces. There is no evidence of sustained human-to-human transmission.

Meningococcal Disease Health Advisory Issued

On Tuesday, April 16, the Communicable Disease Control Section released a Health Advisory: Additional Cases of Invasive Meningococcal Disease in Men Who Have Sex with men in New York City; Updated Recommendations for San Francisco. Although there have been no cases of Invasive Meningococcal disease (IMD) in San Francisco reported in the past 12 months among San Francisco MSM, the advisory changes our recommendations to be more aligned with those of New York City Department of Health and Mental Hygiene. For San Francisco clinicians who provide care for MSM, we are recommending that meningococcal vaccination should be offered to San Francisco MSM and male-to-female transgender persons, regardless of HIV status, whose travel plans include visiting NYC with an expectation of close or intimate contact with MSM in NYC. Other recommendations are included in the health advisory, which can be found on line at <http://www.sfcdcp.org/healthalerts.html>. It is important to emphasize that there is no outbreak of IMD on the west coast; there is no outbreak of IMD among MSM on the west coast, including San Francisco.

Noise as a Public Health Issue

Noise is an increasingly common health complaint in San Francisco and reducing environmental noise is a goal in the city's Community Health Improvement Plan. DPH is responsible for the enforcement of regulations governing environmental noise in San Francisco and staff have been exploring several new ways to prevent noise violations and more efficiently address noise concerns with its limited resources. San Francisco laws limit enforcement only to fixed stationary noise sources; in addition to enforcement for existing equipment violations and responding to complaints about equipment that violates the law, staff have been working with the Building Department to ensure that newly-installed building equipment complies with the city's noise rules in the first place. Staff are also exploring how open-source crowd sourcing technologies (www.crowdmap.com) provide better community data on noise concerns and support a more pro-active and targeted approach to monitoring and enforcement actions. Staff are currently exploring partnerships with neighborhood organizations to pilot test tools for crowd sourcing noise complaints. For more information, contact June Weintraub, Manager, Air, Noise, Radiation and Water Hazards.

Compassionate Care Coalition Leadership Award

The Laguna Honda palliative care and hospice program is a 2013 recipient of the Leadership Award given by the California Coalition for Compassionate Care. The award ceremony was held on April 9 at the Airport Hilton in Burlingame. The award recognizes contributions to palliative medicine and end-of-life care in California. Laguna Honda was honored for bringing hospice and palliative care to an economically disadvantaged and culturally diverse population.

Family Planning Quarterly

We are pleased to announce publication of the first edition of the quarterly *Family Planning* newsletter. The inaugural edition looks at the Affordable Care Act, outlining what reproductive health services our patients have access to and offers tips on how to effectively incorporate reproductive health services into the primary

care visit. Many thanks to Shivaun Nestor, Health Program Coordinator with the Family Planning Unit, whose hard work in both research and writing made this first edition happen.

Black Infant Health Program Open House

The Black Infant Health Program hosted a successful Open House at their facility on Fillmore @ Eddy St. on Wednesday, April 17th. Staff were on hand to help young Black women take charge of their health, become better mothers and address the poor birth outcomes that challenge this young, vulnerable population.

Healthy Penis Campaign Makes Come-Back

Several years ago, the Department of Public Health's STD Prevention & Control launched the Healthy Penis campaign to encourage MSM to get tested for STDs and HIV. The campaign proved to be very popular among the gay community as well as the public at large. The result of the campaign was a reduction in infection rates, especially among highest risk populations. The campaign ran for a couple of years, and then was retired. Other cities picked it up, including San Jose and Cleveland, where it was also well received.

New Spanish-language Brochure for Behavioral Health Clients

Determining whether an individual has a mental or substance use disorder is the first step to seeking and receiving treatment. The Spanish-language version of *Should You Talk to Someone About a Drug, Alcohol, or Mental Health Problem?* is a consumer brochure that contains a series of questions people can ask themselves to help them decide whether to seek help for a mental or substance use disorder (or both). The brochure urges those who answer "yes" to any of the questions listed to seek help and provides resources on where to find more information. The brochure is available at <http://store.samhsa.gov/product/Deberia-usted-hablar-con-alguien-sobre-un-problema-relacionado-con-lasdrogas-el-alcohol-o-la-salud-mental-/SMA12-4731>.

Community Forums on Workforce Education and Training Five-Year Plan

The Office of Statewide Health Planning and Development (OSHPD) has announced that it plans to convene numerous community forums to solicit feedback on the next Mental Health Workforce Education and Training (WET) Five-Year Plan, 2014-2019. This Five-Year-Plan guides the development of public mental health workforce strategies – at state, regional and local levels – toward an integrated mental health service delivery system. Via 14 community forums, OSHPD seeks feedback on:

- Engagement and employment of mental health consumers and family members in the mental health workforce;
- Engagement and employment of diverse, racial, ethnic, and underrepresented communities in the mental health workforce;
- Incentives to recruit and retain students to mental health careers;
- Education and training programs for mental health providers (expansion, curriculum);
- Reduction of stigma associated with mental illness in the workforce; and
- Regional collaboration on mental health workforce development strategies.

For further information, contact Elvira.Chairez@oshpd.ca.gov, or (916) 326-3635.

A New Suicide Attempt Survivor Support Group

The Mental Health Association of San Francisco & the San Francisco Suicide Prevention Center are collaborating to create a unique group specifically for individuals who are suicide attempt survivors. This group will meet weekly for 12 weeks and will utilize the Wellness Recovery Action Plan (WRAP) curriculum. For more information about the program, contact Jennifer Awa of the Mental Health Association of San Francisco at 421-2926, x307 or jenn@mentalhealthsf.org.

Community Based Participatory Research & Health Equity Conference

The Commissioners and any staff with an interest in research and health equity may want to consider attending the upcoming conference scheduled for June 24th -28th in San Francisco on CBPR (Community Based Participatory Research) and Health Equity. Through our participation on the planning committee, a number

of Community Health Promotion & Prevention's partners have been invited to present case studies including the Vietnamese Youth Development Center, the SEFA Food Guardians and Youth Leadership Institute, who will present on healthy retail work, the Community Action Model and other items. For more information or to register, go to <http://cbprinstitute.wordpress.com/register/>.

Trauma Recovery/Rape Treatment Team Honored During National Crime Victims' Right's Week

Each year, in honor of National Crime Victims' Rights Week, the San Francisco District Attorney's office hosts an awards ceremony to honor individuals and organizations who have made outstanding contributions to victims of crime. At the April 25th awards luncheon, San Francisco District Attorney George Gascón will award this year's Justice Award to the Trauma Recovery/Rape Treatment Center staff members Lu Bolin, Kara Duffy, Diana Emerson, Carla Richmond and Tara Croan, for their excellence in treating and supporting victims of sexual assaults. I know the Commissioners join me in congratulating the Trauma Recovery/Rape Treatment team for this very prestigious honor.

San Francisco Black Healing & Health Summit

Marcellina Ogbu, Director, Community Programs, was this year's keynote speaker at the Sixth Annual Black Healing and Health Summit on Saturday, April 20 at San Francisco State University. The health summit explored the issues that impact the Black community in San Francisco and the Bay Area, including HIV-AIDS, gun violence, high blood pressure, stress and mental health. One of the outcomes of the summit was a renewed commitment to establish policies that will impact and help to improve the conditions of San Francisco's Black community and all marginalized communities.

***Welcome to the World* Documentary Scheduled at SFGH**

The 78-minute BBC documentary, *Welcome to the World*, by award-winning British director Brian Hill, will be shown on at San Francisco General Hospital conference room 6-D12 on Wednesday, April 24, 1:00 p.m. and again on Tuesday, April 30, at 4:00 p.m. The film follows the birth experiences of women in four countries—Sierra Leone, Cambodia, the UK and the USA. San Francisco's Homeless Prenatal Program (HPP) and SFGH's Labor and Delivery are featured in the USA segment.

**COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**

April 2013
Governing Body Report - Credentialing Summary
(3/21/13 BUSINESS-MEC)

	4/2013	07/2012 to 06/2013
New Appointments	9	152
Reinstatements	0	1
Reappointments	53	438
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	24	160
Disciplinary Actions	0	0
Administrative Suspension	0	1
Restriction/Limitation-Privileges	0	1
Deceased		
Changes in Privileges		
Voluntary Relinquishments	14	121
Additions	12	130
Proctorship Completed	18	231

Current Statistics – as of 3/4/2013

Active Staff	526
Courtesy Staff	510
Affiliated Professionals (non-physicians)	241
TOTAL MEMBERS	1,277

Applications in Process	34
Applications Withdrawn Month of April 2013	0
SFGH Reappointments in Process 5/2013 to 7/2013	157

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

April 2013

Health Commission - Director of Health Report

(April 11, 2013 Medical Exec Committee)

	April	(FY 2012-2013) Month-to-Date
New Appointments	0	5
Reinstatements	0	0
Reappointments	5	34
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	0	11
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	0	0
Voluntary Relinquishments	0	0
Proctorship Completed	0	14
Proctorship Extension	1	1

Current Statistics – as of 3/28/2013

Active Medical Staff	35
As-Needed Medical Staff	12
External Consultant Medical Staff	47
Affiliated Professionals	6
TOTAL MEMBERS	100

Applications in Process

3

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification whether there have been any cases of the A:H7N9 Avian Flu in San Francisco. Director Garcia stated that there have been no cases of the new Avian Flu in San Francisco.

4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Commissioner Taylor McGhee, Chair, stated that the Committee heard an STD update from Dr. Susan Philip, Director of STD Prevention and Control. She stated that although the 2012 STD rates have not been finalized, the populations most at risk are adolescents, women who are 25 and under, and Men who have sex with Men (MSM). She added that the DPH is conducting targeted strategies and outreaching to impacted communities, such as African Americans in Bayview Hunter's Point, to reach the most at-risk MSM and adolescent populations. She also stated that the Committee recommended that the presentation be made to the full Health Commission when the final 2012 data are finalized.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that he looks forward to hearing the presentation at a future full Health Commission meeting. He added that he hopes the presentation will address issues related to the increase in STDs among MSM possibly because of their use of HIV prevention strategies (e.g. serosorting) that do not protect against other STDs.

6) CONSENT CALENDAR

This item was not discussed.

7) DPH BUDGET FY 2013-2014 and FY2014-2015

Greg Wagner, Chief Financial Officer, gave the presentation of the proposed DPH budget for fiscal years 2013-2014 and 2014-2015.

Commissioner Comments/Follow-Up:

Commissioner Taylor-McGhee stated that the DPH budget depends on the City's financial future. She asked for an explanation of any contingency plans the DPH has prepared. Mr. Wagner stated that the City has put in place several policies to boost its reserves. Current City policy mandates that any funds over and above what is budgeted for a Department be deposited into a budget stabilization reserve; the Mayor and the Board of Supervisors (BOS) also continue to fund reserve funds. The DPH has been working on a 5 year budget and is developing budget plans to reduce its dependence on the General Fund by approximately \$100 million. These plans include new RFP processes and possibly making reductions in programs.

Public Comment:

Debbi Lehrman, SF Human Services Network, is not in favor of the proposed budget. She stated that there is a decrease in cuts for other City Departments, but the City has deprioritized the DPH by mandated cuts in its budget. The proposed budget reductions are inconsistent with good policy principles. She encouraged a thorough analysis of the proposed cuts to understand the full impact of the cuts on the service system. She also stated that the proposed cuts to the RFP process has no democratic process to give input in which service areas will be impacted. She added that making permanent cuts in the service system to fix one-time budget problems does not make sense.

Eve Meyer, San Francisco Suicide Prevention, is not in favor of the proposed budget. She stated that the agency receives 200 calls a day. The proposed \$100,000 cut would equal to one fourth of their \$400,000 DPH contract. The agency matches the DPH contract dollar for dollar in private fundraising. If the cuts occur, she will have to cut staff vital to the administration and delivery of program services.

Pamela Grayson, Glide Community Housing, is not in favor of the proposed budget and stated that the proposed \$90,000 reduction to their program would decimate services.

Felicia Houston, Community Awareness and Treatment Services, is not in favor of the proposed budget and stated that the proposed budget will result in a 25% cut to A Women's Place and a 24% reduction in the

Golden Gate for Seniors program. A Woman's Place is a multi-use, gender specific, program offering a wide range of services. The program is working towards being Medi-Cal certified. The Golden Gate for Seniors program is the only residential program in San Francisco serving seniors.

Vicka Issen, HealthRight 360, is not in favor of the proposed budget. She stated that residential treatment programs are not reimbursed through MediCal and will always need General Fund support. The San Francisco safety net population, including those being released from prisons and jails, continues to have a high need for residential substance abuse treatment.

Lena Miller, Hunters Point Family Center and a member of the San Francisco Mental Health Board, stated that she is concerned about addressing trauma in District 10. Through the recent Trauma Summit, District 10 Trauma and Healing Plan, was developed to plan for comprehensive services. The plan will be distributed soon and she hopes there can be funds in the DPH budget to assist with its implementation.

David Elliott Lewis, Chair of the Mental Health Board, is not in favor of the proposed budget and requested that the Mental Health Board be involved in developing the DPH budget as it relates to mental health services. He also stated that the budget of the Mental Health Board is being cut by approximately 30%.

Gus Feldman, SEIU 1021, stated that the union stands with community regarding cuts proposed in budget. He added that union and the DPH needs to work together to secure necessary revenue for the DPH. Regarding the Behavioral Health Center (BHC) reorganization, he commended the DPH for not laying off employees, but stated his concern for patients who in the past would have been placed in the skilled nursing facility or transferred from the 7th floor psychiatric unit.

Bob Bennett, Family Service Agency, is not in favor of the proposed budget. He stated that the proposed budget does not honor the fact that the most efficient components of the service system are non-profit contractors, such as Family Service Agency which operates with a 13.2% overhead.

Sarah Larson, Behavioral Health Center, is in opposition to the plan to make the second floor into a long-term care facility for elderly patients. She stated it is not appropriate to place elderly patients with long-term psychiatric patients. In addition, she noted that there are not enough restrooms or shower facilities.

David Fleming, requested a copy of the proposed budget and the timeline for the DPH approval process. Mr. Wagner stated that the proposed DPH budget may be found on the DPH website under the Health Commission "Next Meeting" page: <http://www.sfdph.org/dph/comupg/aboutdph/hc/nextMeeting.asp>. He also stated that the Health Commission will discuss and vote on the proposed DPH budget at its May 7, 2013 meeting.

Wendy, a member of the public, is not in favor of the proposed budget because cuts in services mean an increase in obstacles to accessing necessary services by people who are desperate for help.

Commissioner Comments/Follow-Up:

Commissioner Chow asked for clarification on the plans for accommodating patients at the Behavior Health Center (BHC). Director Garcia stated that plans for the BHC are not yet complete and BHC staff will have an opportunity to give input. She noted that the BHC was developed during a different economic time when there were funds to create innovate programs without expectation of revenue being generated. However, in the current economic climate, the DPH is attempting to provide necessary services with funds available. She also stated that the facility is appropriate and adequate for the proposed patient population.

Commissioner Chung asked for clarification regarding the net loss of services resulting from the proposed DPH budget. Director Garcia stated that she and the DPH have great respect for the non-profits who serve as contractors of the DPH; she noted that the DPH currently funds \$268 million through non-profit contractors.

The current budget results in an approximate 5% reduction in services through non-profit contractors. She noted that in the past several years, the DPH has had significant cuts that were not added back while many of the proposed cuts to non-profits were added back in the final budget decisions by the Mayor and Board of Supervisors. She stated that the proposed budget is an attempt to correct structural issues to keep the DPH viable.

Commissioner Sanchez stated that the budget presentation was a good overview of what the DPH has gone through during the last few years. He noted that reductions from the state and federal governments have had significant impact on DPH services. He stated that the DPH has service mandates without funding which means that the General Fund must be used. He added that this is the first reading of budget and there is still work to be done before the final approval.

Commissioner Chung stated that the DPH has no control over inflationary items, such as SFGH and master leasing costs, which may cause a serious deficit in upcoming years unless solutions are put into place now and/or new revenue identified. Mr. Wagner stated these issues are part of the DPH long-term budget planning which must address an annual budget growth of \$50 million.

Commissioner Chow stated that workforce reforms are necessary in addition to searching for new revenues. He stated that the Affordable Care Act (ACA) requires enhanced care to a larger population but does not include funding to cover all the required services. He also stated that the quality of health and behavioral care in San Francisco is excellent and superior when compared to other counties. He added that it is vital to ensure that the most vulnerable populations do not get left behind. The DPH must remain competitive to attract new enrollees as health care reform is implemented. He added that the ACA mandates significant and costly IT systems to receive future revenue. The DPH also needs to address its structural problems. He requested that specific programs such as San Francisco Suicide Prevention, which are unique due to provision of a service not found elsewhere with the service system structure, be reconsidered for budget reductions.

Commissioner Chung asked whether technical assistance is offered only to HIV organizations. Director Garcia stated that the DPH works with any of its contractors having trouble with finance or administrative management; she added that these issues often arise from problems with Board governance. This assistance is provided through the DPH Business Office; Director Garcia and Mr. Wagner become involved when necessary.

Commissioner Taylor-McGhee requested that future budget documents have larger font.

Commissioner Melara stated that a vital issue to consider is the high labor cost of City employees; new revenue will not change this issue. She encouraged non-profits and interested members of the public to continue to educate the Board of Supervisors that unless these labor costs are better controlled, contracts with non-profits will continue to be reduced.

8) OTHER BUSINESS

This item was not discussed.

JOINT CONFERENCE COMMITTEE REPORTS

COMMITTEE AGENDA SETTING

9) CLOSED SESSION

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

Personnel Evaluation: Mark Morewitz, Health Commission Executive Secretary

LHH Credentials Report

- D) Reconvene in Open Session

Action Taken: The Health Commission voted not to disclose discussion of the items in Closed Session.

10) ADJOURNMENT

The meeting was adjourned at 6:19pm.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

Edwin M. Lee, Mayor
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Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, May 7, 2013, 4:00 p.m.

101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102

1) CALL TO ORDER

2) PROPOSED ACTION:

APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING
OF APRIL 23, 2013.

**Minutes of the meeting of April 23, 2013*

3) FOR DISCUSSION:

DIRECTOR'S REPORT

(Barbara Garcia, Director of Health)

- Legislation
- Programs
- Budget
- Departmental News
- Announcements

**Director's Report*

4) GENERAL PUBLIC COMMENT**

5) FOR DISCUSSION AND
POSSIBLE ACTION:

FINANCE AND PLANNING COMMITTEE

6) FOR ACTION:

CONSENT CALENDAR***

- MAY 2013 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT IN THE AMOUNT OF \$1,200,000 WITH EVOKED POTENTIAL ASSOCIATES LLC, AN AFFILIATE OF SPECIALTYCARE, INC TO PROVIDE INTRAOPERATIVE NEUROMONITORING SERVICES FOR SAN FRANCISCO GENERAL HOSPITAL FOR THE TERM OF MAY 1, 2013 THROUGH APRIL 30, 2015 (24 MONTHS).
- REQUEST FOR SITE APPROVAL FOR RELOCATION OF THE BAYVIEW HUNTERS POINT HEALTH AND ENVIRONMENTAL RESOURCE CENTER (HERC)

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7) FOR DISCUSSION AND POSSIBLE ACTION: PROPOSED AMENDMENTS TO THE SAN FRANCISCO HEALTH CODE ARTICLE 22A (MAHER ORDINANCE)
(Kelly Prezter, Deputy Director, Legislative and Government Affairs for the Office of the Mayor, and Stephanie Cushing, Principal Environmental Health Inspector)

8) FOR DISCUSSION AND POSSIBLE ACTION: DPH BUDGET FY 2013-2014 and FY2014-2015
(Greg Wagner, Chief Financial Officer)

9) OTHER BUSINESS****

FOR DISCUSSION AND POSSIBLE ACTION: JOINT CONFERENCE COMMITTEE REPORTS

FOR DISCUSSION AND POSSIBLE ACTION: COMMITTEE AGENDA SETTING

10) CLOSED SESSION

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

Personnel Evaluation: Mark Morewitz, Health Commission Executive Secretary

- D) Reconvene in Open Session

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

** At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

*** All matters listed under the Consent Calendar are considered to be routine by the San Francisco Health Commission and will be acted upon by a single vote of the Commission. There will be no separate discussion of these items unless a member of the Commission or the public so requests, in which event the matter will be removed from the Consent Calendar and considered as a separate item.

**** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org

Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

President Melara and Members of the Health Commission:

Attached is a revised version of the Department's of Public Health's proposed budget for FY 13-14 and FY 14-15.

The primary substantive change to the budget since the April 23 meeting relates to initiative B2- Community Programs Across the Board Reduction to CBO Contracts. At its last meeting, the Commission expressed particular concern about the impacts to unique services where no alternative system capacity is available to absorb or mitigate the impact of the proposed reductions. As a result, the Department has rescinded the proposed reductions to twelve programs for an annualized total of \$334,066. Those changes are itemized on the last page of the schedule in the Commission packet.

One new initiative not included in the April 23 proposed budget, E3- Medi-Cal Funding for Pipeline Housing Support Services, has been added. That initiative was inadvertently omitted in the prior version, and is budget-neutral. In addition, the revised budget proposal includes corrections and modifications to seven previously presented initiatives, most of which are budget-neutral changes.

We will review each of the changes at the May 7 Health Commission meeting.

Division	Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
REVENUES											
PH	A3	DPH Baseline Revenue	3.08	3,163,473	7,909,683	(4,746,210)	4.00	1,428,915	7,534,104	(6,105,189)	Changes to DPH Baseline Patient Revenues for SFGH, LHH and BHHS. Includes program expenditures for Delivery System Reform Incentive Pool (DSRIP) Category V HIV Transition Project to provide access to coordinated, integrated care to patients diagnosed with HIV who previously received care under programs funded by the Ryan White HIV/AIDS Treatment extension act of 2009. Additional program expenditures for related ITG's and Human Services Agency workorder for IHSS workers.
REDUCTIONS/SAVINGS PROPOSALS											
CP	B2	Community Programs Across the Board Reduction to CBO Contracts		(4,765,369)	-	(4,765,369)		(6,978,038)	-	(6,978,038)	As part of its plan to address the Department's funding shortfalls, a total of \$7,312,104 will be reduced from contractual services funding by implementing an across-the-board reduction to unmatched General Fund dollars, (i.e. General Fund dollars that aren't used to draw down additional State or Federal revenues).
BUDGET NEUTRAL											
CP	E1	Children, Youth and Family Services Enhancement	5.39	4,243,449	4,243,409	40	12.78	3,636,713	3,636,713	0	In FY12-13 the State realigned mental health funding, and included an increase to support services related to a State settlement (Katie A), requiring a specific array and level of behavioral health services for children in foster care, or at risk of out-of-home placements. The proposed funding reflects the actual State Realignment increase to support these services (\$1m), plus an equivalent increase in Federal Short Doyle Medical.
CP	E2	Substance Abuse 2011 Realignment	3.08	4,096,350	4,096,350	0	4.00	2,316,079	2,316,079	0	In FY12-13 the State realigned substance abuse funding. The proposed funding reflects the allocation increase, including funding for Drug Medical services. Additionally, \$540k will be used to support eligible services currently funded by City General Fund monies, \$430k will be used to support current substance abuse medication funding levels, \$460k will be used to fund four substance abuse counselors to work in Children's behavioral health clinics and COPC clinics, and the balance of funding will be used to support misc. services, including backfilling prior year State reductions and a Vivitrol evaluation pilot started in FY12-13.

8

		Change	Incr/(Decr)	Revenues Incr/(Decr)	13-14 Net GF Cost/ (Savings)	FTE Change	Incr/(Decr)	Revenues Incr/(Decr)	14-15 Net GF Cost/ (Savings)	
	E3	Medi-Cal Funding for Pipeline Housing Support Services		132,293	132,293		311,501	311,501	0	Medi-Cal funding for supportive services for the tenants of the Rene Cazenave Apartments (RCA). RCA is DPH's newest pipeline development that will start this summer. While support services are voluntary, experience shows that the majority of tenants will participate in on-site services, which may include case management, support groups, one-on-one counseling, and linkage to a variety of community based benefits, employment and social services.
EMERGING NEEDS	F1	Investments fo Healthcare Reform	15.16	1,249,175	603,062	646,113	2,369,784	819,789	1,549,995	Healthcare reform will transition the healthcare industry from a volume based payment system to a value based payment system. In order to effectively manage costs, maintain revenues and provide quality care, DPH must make significant investments in its infrastructure to ensure that it minimizes its exposure to financial risks. In FY 13-15, DPH will focus on the following areas: Managed Care, Integrated Delivery System and Regulatory Reporting and Support for Federal and State Programs.
Structural Requests	G3	Patient Care Assistants -- Patient Care and Patient Safety	26.43	2,250,938	-	2,250,938	3,148,709	-	3,148,709	Permanent PCA Positions to replace the Equivalent use of the as-needed / registry Patient Care Assistants. It is apparent that the need for the pool is constant and is consistent with the volume of patients requiring coaches and close observations. Nearly all employees in these registry and as-needed positions already work 36-40 hours/week, equal to the hours that 0.9 FTE- 1.0 FTE permanent staff work. It is therefore more administratively efficient and cost-effective to increase and hire permanent positions. This would also address SFGH's salary and contract structural issues and Collective Bargaining concerns of utilizing temp staff for permanent work.
LHH	G5	LHH Coach Team	8.28	705,290		705,290	1,565,622		1,565,622	58% of the LHH residents have some type of dementia or cognitive impairments. Some with manifested safety risk behaviors would require one-on-one care. By establishing a coach team the staff would be able to provide more customized support for those at risk residents.

8.3

Division	Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
DPH	G7	Premium Pay, Holiday Pay, and Salary Savings. LHH Materials and Supplies Structural Fix		0		0		8,495,193		8,495,193	DPH will continue to work with the Mayor's Office to identify specific structural fixes to the DPH Budget (i.e. LHH materials and supplies and attrition and other special salary costs at the hospitals. No write up is available.

Summary of Change from April 23 to May 7

A3	DPH Baseline Revenue		0.00	0	640,505	(640,505)	0.00	0	0	0	
B2	Community Programs Across the Board Reduction to CBO Contracts		0.00	278,388	0	278,388	0.00	334,066	0	334,066	
E1	Children, Youth and Family Services Enhancement		0.00	606,736	606,736	0	0.00	0	0	0	
E2	Substance Abuse 2011 Realignment		0.00	1,780,271	1,780,271	0	0.00	0	0	0	
E3	Medi-Cal Funding for Pipeline Housing Support Services		0.00	132,293	132,293	0	0.00	311,501	311,501	0	
F1	Investments for Healthcare Reform		0.00	92,723	0	92,723	0.00	28,625	0	28,625	
G3	Patient Care Assistants -- Patient Care and Patient Safety		8.03	683,994	0	683,994	11.00	956,790	0	956,790	
G5	LHH Coach Team		(4.86)	(413,975)	0	(413,975)	0.00	0	0	0	
G7	Premium Pay, Holiday Pay, and Salary Savings. LHH Materials and Supplies Structural Fix		0.00	0	0	0	0.00	(1,317,077)	0	(1,317,077)	
	Total		3.17	3,160,430	3,159,765	665	11.00	313,905	311,501	2,404	

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☒ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: DPH Baseline Revenue Changes

TARGETED CLIENTS: DPH Clients

PROGRAM CONTACT NAME/PHONE: Greg Wagner, CFO 415-206-2510

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
3.08	4.00	(4,746,210)	(6,105,189)

PROGRAM DESCRIPTION: (Brief description of Program Change)

Changes to baseline patient revenues for SFGH, LHH, and CBHS

JUSTIFICATION:

SFGH:

DSRIP- Revenue, IGT and related program expense for Category V HIV Transition Project to support access to high-quality, coordinated, integrated care to patients diagnosed with HIV who previously received care under programs funded by the Ryan White HIV/AIDS Treatment extension act of 2009.

MediCal/DP SNF – Revision of revenues budgeted in FY1214 associated with patient flow initiatives.

Capitated Revenues – In Home Supportive Services (IHSS) workers capitated revenues and related Human Services Agency workorder expense to support IHSS workers medical coverage through San Francisco Health Plan.

Other Patient Charges and Bad Debt Expense: adjustment to actuals for Other Patient Revenues and related bad debt expense; this is budget neutral.

CBHS

Short Doyle Beginning in 2012, counties are receiving federal matching dollars for certain mental health expenditures that were previously uncompensated based on federal approval of a change in reimbursement guidelines.

Medi-Cal – One-time revenue adjustment based on a recent notification of adjusted funding levels for specified CBHS programs.

LHH

Net patient revenue increase due to DP/NP Supplemental reimbursement rate increase of 3.5% offset by a decrease in budgeted/ projected hospital rents.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$3,163,473 in FY13-14 and \$1,428,915 in FY14-15.

Revenues will increase by \$7,909,683 in FY1314 and \$7,534,104 in FY1415

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 3.08 FTEs in FY13-14 and 4.00 FTEs in FY14-15.

INITIATIVE TITLE: DPH Baseline Revenues

Description		FY 2013-14	FY 2014-15
Sources:			
	SFGH - DSRIP	\$ 4,744,646	\$ -
	SFGH - Capitated Revenues IHSS	\$ 351,704	\$ 1,272,417
	SFGH MediCal/ DP SNF	\$ (2,000,000)	\$ (2,000,000)
	SFGH Other Patient Charges	\$ 30,000,000	\$ 30,000,000
	SFGH Bad Debt Expense	\$ (30,000,000)	\$ (30,000,000)
	CBHS - Short Doyle Medi-Cal	\$ 2,000,000	\$ 2,000,000
	CBHS - Medi-Cal	\$ 640,505	\$ -
	LHH - Net Patient Revenue	\$ 3,256,142	\$ 7,345,001
	LHH Hospital Rent	\$ (1,000,000)	\$ (1,000,000)
	LHH AB113	\$ (83,314)	\$ (83,314)
Subtotal Sources		\$ 7,909,683	\$ 7,534,104
Uses:			
	Salary and Benefits DSRIP	\$ 503,918	\$ 681,327
	Non Personnel Services DSRIP & IHSS	\$ 330,852	\$ 791,208
	DSRIP IGT	\$ 2,372,323	\$ -
	LHH IGT	\$ (43,620)	\$ (43,620)
Subtotal Uses		\$ 3,163,473	\$ 1,428,915
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (4,746,210)	\$ (6,105,189)
Total FTE's		3.08	4.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
2453	Supervising Pharmacist DSRIP	0.77	\$ 126,353	1.00	\$ 166,111
2454	Clinical Pharmacist DSRIP	0.77	\$ 121,491	1.00	\$ 160,470
2586	Health Worker II DSRIP	0.77	\$ 44,918	1.00	\$ 59,329
2119	Health Care Analyst DSRIP	0.77	\$ 65,367	1.00	\$ 85,935
Total Salary		3.08	358,129	4.00	471,846
Fringe			145,789		209,481
Total Salary and Fringe		3.08	\$ 503,918	4.00	\$ 681,327

Operating Expenses

Index Code	Character/Subobject Code		
	Ward 86 UC Contract	\$ 80,000	80,000
	Lean Training	\$ 75,000	\$ 75,000
	Human Services Agency IHSS Workorder	\$ 175,852	\$ 636,208
		\$ 330,852	\$ 791,208

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☒ Primary Care
☐ Jail Health
☐ Health At Home

- ☒ Public Health
☒ CBHS - Mental Health
☒ CBHS - Substance Abuse
☐

PROGRAM / INITIATIVE TITLE: **Community Programs Across the Board Reductions to CBO's**

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu, 255- 3516

TARGETED CLIENTS: Clients served in Community Based Organizations (CBO)

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a	(\$4,765,367)	(\$6,978,038)

PROGRAM DESCRIPTION: (Description of Program Change)

The Department of Public Health (DPH) is facing significant financial challenges caused by a combination of factors, including: (1) Historical Structural Issues, (2) Rapid Cost Inflation, (3) State and Federal reductions, and (4) Patient revenues not keeping pace with costs. In its five-year projections, the Department projects that absent changes it will require an increase in its General Fund subsidy of \$291 million by FY17-18 to sustain existing services. Neither the Department nor the City is able to sustain this level of growth. Following the April 23, 2013 Health Commission meeting, based on feedback from the Commission the Department has restored a total of \$334,066 in programming to ensure the continuation of unique services where there isn't similar system capacity to absorb and/or mitigate the impact of these particular reductions.

As part of its plan to address these funding shortfalls, the Department will implement a 5% reduction to its contractual expenditures. This will result in \$6,978,038 in annual savings, achieved by implementing an across-the-board reduction to unmatched General Fund dollars, (i.e. General Fund dollars that aren't used to draw down additional State or Federal revenues). This translates to a 9% reduction to total General Fund support of contractual services, (calculation includes impact of Federal reductions to AIDS funding). The impact to individual agencies will vary depending on the percentage of unmatched versus matched General Fund monies, as well as other funding sources within their budgets. The impact may range from a high of 25 percent of contractual funding if the entire agency budget is unmatched General Fund monies, to zero or minimal impact to agencies that leverage significant State and Federal dollars.

The primary services excluded from the proposed reduction include the following:

- Programs that are specifically identified as homeless services,
- Methadone services
- Detoxification services
- Private inpatient hospital contracts,
- Long Term Care and Residential Care Facilities (reduced in an another initiative),
- Pharmaceuticals,
- Children's Services,
- Medication Support Services,
- HIV Health Services/HIV Prevention Services

Operating subsidies in supportive housing
The impact by modality is summarized as follows:

Modality Reduction Across the Board	FY 12-13 Funding	FY 13-14 Total Unmatched General Funding Reduction	FY 14-15 Total Unmatched General Funding Reduction	Total Unmatched General Funding Reduction	Total Revised Available Funding
Residential Treatment	31,790,260	1,546,125	1,546,125	3,092,249	28,698,011
Adult Outpatient	49,389,936	1,779,287	355,859	2,135,146	47,254,790
Supportive Services in Supportive Housing	15,319,400	553,600	110,720	664,320	14,655,080
Wellness Promotion and Prevention	15,986,859	336,516	67,303	403,819	15,583,040
Vocational Services	2,779,928	196,794	39,359	236,153	2,543,775
Training	1,411,123	74,805	14,961	89,766	1,321,358
Emergency Crisis	812,619	91,815	18,363	110,178	702,441
Clients' Rights Advocacy	370,927	77,276	15,455	92,732	278,195
SA Prevention	2,574,153	59,490	11,898	71,388	2,502,766
Primary Care	697,732	0	0	0	697,732
Transportation	912,437	0	0	0	912,437
Medical Case Management	702,164	889	178	1,067	701,097
Unallocated (TBD)		48,771	32,451	81,221	4,490,484
Total	122,747,538	4,765,367	2,212,671	6,978,038	115,769,500

JUSTIFICATION: (required by the Mayor's Office)

The proposed reductions are implemented to address the Department's severe budget shortfall. As a whole, the department draws almost two-thirds of its funding from non-General Fund dollars. As broad changes in funding for health services are implemented over the next several years, it will be increasingly difficult to support services that rely purely on local tax dollars. In anticipation of these changes, the department has been working for a number of years to expand providers' ability to access non-General Fund dollars. Across-the-board reductions allow the Department to maintain the existing continuum of care with a basic level of services to the greatest extent possible. However, it should be noted that at this level of reduction, some agencies, particularly those that have a high level of unmatched General Fund, may be required to reduce entire programs to meet their targets. Community Based Organizations have been absorbing inflationary increases over the past several years (with FY12-13 being the first year in several where new funding was allocated for cost of doing business increases), which may further impact an agency facing a higher reduction percentage to continue to operate. The Department will work with its contractors to determine the most suitable plan to minimize the reduction to unduplicated clients served, and at the same time keep administrative infrastructures intact.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Community Program sections will be working with the affected agencies to identify which of their programs will be impacted by the funding reductions. Therefore, the full impact to current clients as a result of the proposed reductions will not be known until DPH has had an opportunity to meet with each agency.

EXPENSE AND REVENUE)

Expense will be reduced by \$4,765,364 in FY13-14 annualized to \$6,978,038 in FY14-15

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Community Programs Across the Board Reductions to CBO Contracts

		FY 2013-14	FY 2014-15
Sources:			
	General Fund		
Subtotal Sources		-	-
Uses:			
	Salaries and Fringes		
	027 Professional Services	4,765,369	6,978,038
Subtotal Uses		4,765,369	6,978,038
Net General Fund Subsidy Required (Uses less Sources)		\$ 4,765,369	\$ 6,978,038
Total FTE's			

New Positions (List positions by Class, Title and FTE)

Class	Title	FY13-14 Savings	FY14-15 Savings
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Operating Expenses

Index Code	Character/Subobject Code		
	001/013	0.00	\$ -

Operating Expenses

HMHMCC730515	CH21/02700 Professional Services	\$ 1,944,227	\$ 2,856,130
HMHSCCRES227	CH21/02700 Professional Services	\$ 1,884,389	\$ 2,997,804
HCHPHHLTEDGF	CH21/02700 Professional Services	\$ 244,014	\$ 292,817
HCHSHHOUSGGF	CH21/02700 Professional Services	\$ 617,686	\$ 741,223
HCHAPHC1--GF	CH21/02700 Professional Services	\$ 63,048	\$ 75,657
HCHAPURBNCLN	CH21/02700 Professional Services	\$ 12,005	\$ 14,406
Total		\$ 4,765,369	\$ 6,978,038

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input checked="" type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Children, Youth and Family Service Enhancement**

TARGETED CLIENTS: Foster Care Youth, or Youth at-risk-of Out of Home Placements

PROGRAM CONTACT NAME/PHONE: Kenneth Epstein 255-3439

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
5.39	12.78	None	None

PROGRAM DESCRIPTION: (Brief description of Program Change)

The following proposal includes three related initiatives of the Community Behavioral Health Services (CBHS), Children Youth and Family (CYF) section. All three are addressing the needs of children with behavioral health needs, many of whom are in Foster Care. The primary drivers of the proposal are new requirements related to the outcome of a State lawsuit ("Katie A."), State funding changes (Family Mosaic Project) following the realignment of State behavioral health funding in 2011, and partnering with the City's Human Services Agency (HSA) to maximize Federal MediCal reimbursement for children and youth services. The entire proposal will be funded with State and Federal funding.

Katie A. Settlement

As a result of a Settlement Agreement following a lawsuit between child and youth advocates on behalf of Foster Care children and the state of California each county is required to provide a specific and coordinated set of mental health services to children who are involved in the child welfare system, are MediCal eligible, meet medical necessity, and are either in or being considered for a variety of intensive services to meet their behavioral health needs. In addition, the agreement calls for a shared management structure, and the development of practice tools and practice improvement protocols (including training and quality assurance systems). All eligible youth must receive an assessment to determine potential follow-up needs.

To assist the counties with the implementation and to meet the ongoing service provision requirements of the Katie A. settlement, the State included a projected increase over prior year State General Fund monies provided to San Francisco (used to match and draw down Federal MediCal) in its 2011 Realignment funding allocation. In FY12-13, San Francisco was allocated an additional \$1,076,762 in State 2011 Realignment funding, which when used as a match to draw down an equal amount of Federal Medical funding would double available funding to \$2,153,524 to meet the Settlement requirements. The proposed funding is included in the subject proposal.

To respond to the increased requirements, and implementation deadlines, the Department will fund a combination of new civil service positions, along with an expansion of current community based organizations (CBOs) which were selected under a current RFP term for the same type of services. The civil service staff will be hired and placed in (a) the CBHS Foster Care Unit to perform the required assessments and less intensive and ongoing therapy needs, and (b) the Family Mosaic Program for more intensive service needs.

Family Mosaic Project (FMP)

The Family Mosaic Project has been undergoing a restructuring as a result of the State's 2011 Realignment allocation which did not continue funding for the Family Mosaic Project (FMP) after June

30, 2013. However, as of April 25th, the State advised that it will partially restore funding for one more year through June 30, 2014. Under the current restructuring, filled slots have been reduced from 160 to 80 slots. The proposed ongoing civil service staffing is sufficient to support the continuation of these existing slots, so no further staffing changes will be made as a result of the contract extension. CBHS will instead begin to draw down Federal MediCal as of July 1, 2014, for an estimated value of \$983,199 which will continue the FMP civil service team and its delivery of intensive wrap-around services to the clients enrolled in FMP. Additional resources provided by the State for Katie A. compliance will expand the team to meet the Katie A. settlement capacity and service intensity requirements.

Human Services Agency Partnership

CBHS will continue to partner with the Human Services Agency to maximize MediCal reimbursement for eligible services provided to youth, including services that will assist HSA in meeting its requirements related to the Katie A settlement agreement. This will also reduce HSA's reliance on City General Fund monies. HSA, in partnership with the Controller's Office, conducted an audit of State-wide programs, which, when MediCal certified, were able to receive MediCal reimbursement for eligible services. Through this audit, HSA has identified similar services in San Francisco which are currently supported by only the General Fund. Under this proposal, these agencies would become MediCal certified, and/or coaching would be provided to maximize billing and enhance staff documentation skills (in some already certified sites, as well). To support this initiative, DPH is requesting a total of \$500k in additional Federal MediCal. The General Fund match requirement to draw down the MediCal reimbursement would be provided by HSA from its existing budget.

JUSTIFICATION:

The Department is responsible for the provision of the required services to youth in Foster Care. These services are mandated, and due to the Katie A. settlement, DPH's responsibility to serve impacted youth has increased, both in the volume of clients and in the level of service intensity. The Department received additional State funding for this purpose. Additionally, with the loss of State funding for FMP, the FMP program is now able to draw down MediCal reimbursement, which will allow it to support the needs of the current FMP clients, as well as expand to offer its intensive service level to the expanded Katie A. population. The Department is proposing the use of civil service employees in FMP and the Foster Care units, in addition to the expansion of CBO's because the infrastructure already exists within these programs to implement the Katie A. requirements, efficiently, while retaining flexibility within the larger system of care to make adjustments as needed to ensure that the State's requirements are achieved. With respect to the Department's partnership with HSA, all MediCal expansion will eventually translate to General Fund savings for the City, and will enhance the level of services that the youth receive.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

All eligible youth must receive an assessment to determine potential follow-up needs. DPH estimates that of the approximately 1,200 children currently in foster care in San Francisco, approximately 500 of them are not clients of CBHS, and a majority will need ongoing mental health services. In addition there are 200 youth considered at risk of foster care or higher placement that DPH is also mandated to serve.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

The proposed initiative would increase revenues and expenditures by \$4,243,409, of which \$1,076,762 is State 2011 Realignment, and \$1,076,762 is the corresponding Federal MediCal match for the Katie A. requirements; \$983,189 is Federal Medical to support FMP; \$500k is Federal Medical to support HSA programming, and; \$606,696 in additional MediCal for contractual services to support FMP youth.

IMPACT ON DEPARTMENT'S WORKFORCE :

In FY13-14, the Department's workforce would increase by 5.39 new FTE to begin the implementation of the new services to meet the Katie A. settlement requirements. In FY14-15, the annualization of FY13-14 new positions, and the remaining new positions to complete the hiring for the FMP and Foster Care units would occur, totaling 12.78 FTE in FY14-15.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Children, Youth and Family Services Enhancement

Description	FY 2013-14	FY 2014-15
Sources:		
Medi-Cal	\$ 3,166,687	\$ 2,559,951
2011 Realignment	1,076,762	1,076,762
Subtotal Sources	4,243,449	3,636,713
Uses:		
Salaries and Fringes 001 & 013	\$ 1,013,283	\$ 1,730,928
Professional Services - 027	3,230,166	1,905,785
	-	-
Subtotal Uses	4,243,449	3,636,713
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 0	\$ (0)
Total FTE's	5.39	12.78

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE				
2930	Psychiatric Social Worker	1.54	\$	137,712	2.00	\$ 178,847
2587	Health Worker III	1.54	\$	99,379	2.00	\$ 129,063
2586	Health Worker II	2.31	\$	136,215	3.00	\$ 176,903
2930	Psychiatric Social Worker		\$	-	0.77	\$ 68,856
2586	Health Worker II		\$	-	5.01	\$ 295,133
2587	Health Worker III (existing position)	-	\$	63,839		\$ 63,839
2930	Psychiatric Social Worker (existing position)	-	\$	88,464		\$ 88,464
2931	Marriage, Family and Child Counselor (existing position)	-	\$	88,464		\$ 88,464
2932	Senior Psychiatric Social Worker (existing position)	-	\$	92,520		\$ 92,520
		-		-	-	-
		5.39		706,593	12.78	1,182,090
				306,690		548,838
		5.39	\$	1,013,283	12.78	\$ 1,730,928

Fringe (FY 13-14 = 42% , FY 14-15 = 47%)

Operating Expenses

Index Cod/Character/Subobject Code

HMHMCP8828CH	\$ 500,000	\$ 500,000
HMHMKATIEGF	1,623,430	\$ 905,785
HMHMCP751594	1,106,736	\$ 500,000
	3,230,166	\$ 1,905,785

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input checked="" type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Substance Abuse 2011 Realignment**

TARGETED CLIENTS: San Franciscans needing drug & alcohol services

PROGRAM CONTACT NAME/PHONE: Jim Stillwell 415 255-3717

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
3.08	4.00	0	0

PROGRAM DESCRIPTION: (Brief description of Program Change)

The proposed initiative would budget the 2011 Realignment increase provided by the State to San Francisco in the amount of \$4,096,106. As of FY12-13, all State funding for behavioral health was realigned from the State to the County, (termed 2011 Realignment) meaning each county has become responsible for managing its risk within the 2011 Realignment funding level. The State provided funding in the following categories

Drug MediCal Services- \$135,143

This is the State's estimated value of increased reimbursement that will be earned by San Francisco County for providing Drug MediCal services. This represents the Federal share, or 50% of the value of these services. The County must provide the local match to the Federal share out of its 2011 Realignment allocation. The growth of Medi-Cal billable services in San Francisco is in Methadone treatment. If the Department doesn't incur these expenses, then there will be no State reimbursement for the Federal share.

Bay Area Services Network (BASN)- \$168,964

The use of this funding is limited to alcohol and drug treatment for State Parolees. The proposed funding is a restoration of State funding for outpatient services to its prior year level, so does not represent an increased level of service.

Substance Abuse Prevention Treatment (SAPT) HIV Early Intervention- \$295,163

The use of SAPT HIV Early Intervention funding is limited to services identified in the Federal (CFR45) regulations, including HIV testing, HIV assessment, and purchasing and/or administering HIV medication at alcohol and drug treatment locations. The Department is proposing to utilize these services to support an increase in daily observed HIV medication at methadone treatment sites. In other words, when a client comes to receive his or her daily dose of Methadone, he will also receive his or her antiviral medication to ensure medication adherence.

Realignment - \$1,721,809***(a) Drug Court services -\$1,035,000***

This funding represents continuation of services which had previously been funded by State grants. As part of the implementation of 2011 Realignment, these recurring grant funds were realigned (i.e. moved to the Drug and Alcohol portion of the Behavioral health Sub Account), and therefore this increase is actually a continuation of the same level of prior year grant funded services. Specific services provided are client assessment and placement, outpatient group and individual treatment, ongoing case management, and aftercare.

(b) Misc. Drug and Alcohol Services- \$2,525,541

This funding represents an increase in the Department's allocation of State funding for drug and alcohol services, as a result of 2011 Realignment. Services must be used for drug and alcohol treatment services as defined by CFR45 to meet the requirements of the State's Federal Maintenance of Effort (MOE) funding level requirements. The funding would be used as follows:

- (i) A total of \$372,006 would be used to fund four (4) Health Worker III positions to provide individual and group drug and alcohol treatment at DPH operated primary care and mental health clinics. This would assist the Department with meeting the service integration and quality benchmarks included in the Affordable Care Act (ACA), which require drug and alcohol services be available in health clinics.
- (ii) As part of a Departmental pilot to test the effectiveness of medication to treat substance abuse, the proposed total of \$165,000 would be used to purchase drug and alcohol treatment medications, including Buprenorphine (Suboxone), Narcan (Naloxone inhalant), and Vivatrol (injectable Naltrexone), as well as fund an evaluation of treatment outcomes.
- (iii) A total of \$143,000 will be used to provide outreach, engagement, development and counseling services to children and youth from drug and alcohol abusing families. These funds will go to existing providers of this service, both to backfill a current year funding gap, and to enhance existing services.
- (iv) An amount of \$65,265 will support the cost of increased medical treatment for acutely addicted homeless individuals who are high users of multiple systems. This funding will be allocated to expand an existing provider currently delivering these services.
- (v) Based on State funding allocation levels, the department must appropriate \$1,780,271 in revenues to ensure it receives its maximum funding allocation. This revenue is equally offset by expenditures for treatment services and therefore the change is budget neutral. These are one-time funds.

JUSTIFICATION:

The State's 2011 Realignment resulted in a net increase in Drug Medi-Cal and other alcohol and drug services funding to all counties. In 2012, the State notified the counties that the funding will be subject to the Dept. of Drug and Alcohol Services' Maintenance of Effort (MOE) funding level requirements. As such, as a condition of receiving Federal SAPT Block Grant Funds, the largest source of drug and alcohol funding for California, the State is required to meet the MOE requirements. In effect, the State has 'realigned' accountability for the MOE agreement to the counties, and therefore DPH is obligated to expend this funding on eligible drug and alcohol services.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

325 Clients will benefit from improved medications and medication assisted treatment, and 200 additional treatment slots will be created

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Revenue & Expense increases of \$2,316,079 in both FY13-14 and ongoing in FY14-15. Of the total increase, an amount of \$1,035,555 for the Drug Court services will be offset by the elimination of the California Drug Court Grants totaling \$1,035,555.

IMPACT ON DEPARTMENT'S WORKFORCE :

This initiative will add 4.0 FTE 2587 Health Worker III positions (3.08 in FY13-14).

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Substance Abuse 2011 Realignment

Description		FY2013-14	FY 2014-15
Sources:	Drug Medi-Cal	\$ 2,316,079	\$ 2,316,079
	One-time FY12-13 Drug MediCal Appropriation	1,780,271	
Subtotal Sources		4,096,350	2,316,079
Uses:	Salaries and Fringes 001 & 013	\$ 276,702	\$ 372,006
	Operating Expenses	\$ 3,819,648	\$ 1,944,073
Subtotal Uses		4,096,350	2,316,079
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)			\$ 0
Total FTE's		3.08	4.00

new Positions (List positions by Class, Title and FTE)

Class	Title	FTE				
587	Health Worker III	3.08	\$	194,861	4.00	\$ 253,066
	Fringe (FY 13-14 = 42% , FY 14-15 = 47%)			81,841		118,941
		3.08	\$	276,702	4.00	\$ 372,006
Operating Expenses						
Index Code						
MHSCCRES227	Materials and Supplies		\$	165,000		\$ 165,000
	Operating Expenses		\$	3,654,648		\$ 1,779,073
			\$	3,819,648		\$ 1,944,073

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

☐ San Francisco General Hospital
☐ Primary Care
☐ Jail Health

☐ Laguna Honda Hospital
☐ Health At Home
☒ Public Health

☐ CBHS - Substance Abuse
☐ CBHS - Mental Health
☐ DPH – Department Wide (HUH)

PROGRAM / INITIATIVE TITLE: **Medi-Cal Funding for Pipeline Housing Support Services**

TARGETED CLIENTS: Individuals Living in Supportive Housing at Rene Cazenave Apartments

PROGRAM CONTACT NAME/PHONE: Margot Antonetty / 554-2642

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
0	0	\$0	\$0

PROGRAM DESCRIPTION: (Brief description of Program Change)

DPH operates a Direct Access to Housing (DAH) program through its Housing and Urban Health (HUH) section. This includes two types of arrangements to obtain housing units: (1) Master Lease housing and (2) Pipeline housing. For Master Lease housing, HUH assumes responsibility for an entire building through a master lease and oversees all aspects of operating the building. The approach for the development of "Pipeline" housing involves partnering with the Mayor's Office of Housing (MOH), and non-profit affordable housing developers to obtain access to blocks of housing units through new construction or major rehabilitation. The agreement between DPH, MOH and the housing developer is that in exchange for access to the units (meaning DPH is both assigned a block of (or all) units, and more importantly is given responsibility for tenant referrals to these units), DPH is responsible for ensuring the availability of support services. The provider of the support services is identified during the initial planning phase.

This proposal would provide Medi-Cal funding to UCSF- Citywide Case Management (CWCM), the supportive service provider for the tenants of the Rene Cazenave Apartments (RCA). RCA is DPH's newest pipeline development that will start this summer. While support services are voluntary, experience shows that the majority of tenants will participate in on-site services, which may include case management, support groups, one-on-one counseling, and linkage to a variety of community based benefits, employment and social services. The goal of on-site services is to improve tenant health and residential stability and reduce overuse of costly emergency services.

JUSTIFICATION:

The Pipeline projects are a key element of San Francisco's Ten Year Plan to End Homelessness. DPH's participation and funding of these Pipeline projects allows access to high quality, accessible housing. As the vast majority of the clients are Medi-Cal eligible, this proposal will allow DPH to maximize support services funding by drawing down Medi-Cal revenues to match existing General Fund support.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

It is assumed that the majority of the individuals in the 120 units will utilize the on-site support services.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Revenue and Expense Increase of Medi-Cal funding in the amount of \$132,293 in FY13-14 annualizing to \$311,501 in FY14-15. Funding will be assigned to 021 Professional Services.

IMPACT ON DEPARTMENT'S WORKFORCE :

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Medi-Cal Funding Pipeline Housing

Description		FY 2013-14	FY 2014-15
Sources:			
	Short Doyle Medi-Cal	\$ 132,293	\$ 311,501
Subtotal Sources		132,293	311,501
Uses:			
	Contractual Services	\$ 132,293	\$ 311,501
		-	-
Subtotal Uses		132,293	311,501
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ -	\$ -
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

Fringe (FY 13-14 = 42% , FY 14-15 = 47%)

-	-
-	-
-	-
\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
HMHMCC730515	021/02700	\$ 132,293	\$ 311,501

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | X DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **DPH Investments in Healthcare Reform**

TARGETED CLIENTS: All DPH Clients

PROGRAM CONTACT NAME/PHONE: Greg Wagner, 554-2610

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
15.16	29.00	\$646,113	\$1,549,994

PROGRAM DESCRIPTION: (Brief description of Program Change)

This program includes three initiatives identified by the department as critical for health care reform preparations. The initiatives resulted from extensive departmental planning processes over the past two years.

Healthcare reform will transition the healthcare industry from a volume based payment system to a value based payment system. In order to effectively manage costs, maintain revenues and provide quality care, DPH must make significant investments in its infrastructure to ensure that it minimizes its exposure to financial risks. In FY 13-15, DPH will focus on the following areas:

1. Cost Management through an **Office of Managed Care (OMC)** – This office would be responsible for contracting strategy with health plans, utilization management, marketing-branding, data reporting, quality improvement, provider services, etc. This proposal does not create a health plan within the Department. DPH's OMC will be developed to (1) manage resources more effectively to maximum benefit of clients and (2) reduce misuse, overuse and underuse of services. The focus of OMC will be in four areas: contract, financial, clinical and utilization. In doing so, it will promote financial and operational efficiency and manage financial risk as DPH shifts from a fee for service to managed care model. The OMC will improve internal operations which will be increasingly important as more Department clients become insured via managed care. This OMC will enable the Department to have a coherent and strategic approach to its health plan partners (current and future). In addition, OMC will better position the Department as a provider of choice as California prepares for the implementation of the Affordable Care Act in January 2014. This will allow the Department to continue serving its current uninsured population that will obtain health care coverage.

2. Implementation of **Integrated Delivery System** planning process recommendations. In FY 2010-11, DPH underwent an internal planning process focused on strengthening and integrating its delivery system in response to health reform. The goal is to create a comprehensive system of care that is clinically and financially accountable to provide coordinated health services. From this process, there were over 40 recommendations made in policy and strategic oversight, system development and change management, and operational and administrative infrastructure. Most of these recommendations are being implemented within existing resources and do not require new funding requests. However, the process identified critical shortfalls in departmental capacity for case management and utilization management among others, which requires additional position authority.

3. Regulatory Reporting and Support for State and Federal Programs. DPH currently lacks the organizational infrastructure to implement data-driven cost management and effectively monitor key outcome data that are increasingly driving reimbursement. DPH needs enhanced data reporting and analysis expertise to collect and procure timely data on utilization and costs of service to evaluate and address current trends in real time to effectively manage care and expenditures. The budget initiative creates capacity in technical expertise for developing and maintaining reports from our clinical and billing systems and analytical decision support convert data to actionable operational recommendations. Lastly, changes in state and federal reimbursement policies, in particular the shift to managed care, require added patient financial services capacity to effectively bill and collect revenue in a more administratively complex environment.

JUSTIFICATION:

These initiatives are designed to create infrastructure necessary to protect and grow revenues under the Affordable Care Act (ACA). These functions are common in most health care organizations, but absent in DPH. If DPH lacks the tools to participate in the new environment, it faces the possibility of its revenues eroding and weakening the safety net for the most vulnerable. The initiative is designed to respond to the following coming changes:

Increased Coverage and Decreased Compensation for the Uninsured: The expansion of Medicaid eligibility and the creation of health insurance exchanges will increase coverage for many of our patients who are currently uninsured.

Increased Competition for Current/New Clients: Due to the increased coverage, other providers may choose to compete for our existing clients that previously had no choice in healthcare providers. It is critical that DPH remain competitive to retain its existing clients as well as attract new clients to retain a favorable payor mix.

Shift From Fee for Service to Managed Care Model: As our funding shifts from fee for service to managed care with a fixed capitated rate for each patient, DPH must shift its business model from one focused on volume of services to one that effectively manages the cost of caring for its patients. To manage this change effectively, DPH must implement a significant culture change in our providers and business model to focus on:

- Patient experience – including wait times and accessibility to care
- Infrastructure – to ensure our delivery system can provide the services we need efficiently
- Cost containment – including increased analysis and oversight over patient panels and providing preventative care in primary care clinics.
- Increased care coordination – to reduce inefficiencies and improve the quality of care

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

These initiatives will improve access to care and patient experience throughout the DPH system.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

While these requests are significant, they are necessary to effectively reduce costs, meet performance standards, and avoid revenue shortfalls.

IMPACT ON DEPARTMENT'S WORKFORCE :

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Investments for Healthcare Reform

Description		FY 2013-14	FY 2014-15
Sources:	Captitated Revenues	\$ 603,062	\$ 819,789
Uses:	Salary and Benefits	\$ 2,382,194	\$ 4,505,315
	Non Personnel Services	\$ (1,133,019)	\$ (2,135,531)
Subtotal Uses		\$ 1,249,175	\$ 2,369,784
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 646,113	\$ 1,549,994
Total FTE's		15.16	29.00

New Positions (List positions by Class, Title and FTE)

Office of Managed Care

Class	Title	FTE	FY13-14	FTE	FY14-15
943	Manager VIII	0.77	\$ 151,702	1.00	\$ 199,436
931	Manager III - HSF	0.77	\$ 100,720	1.00	\$ 132,412
2818	Senior Health Planner HSF	0.77	\$ 66,819	1.00	\$ 88,247
1824	Principal Admin Analyst	0.77	\$ 86,762	1.00	\$ 114,063
1054	IS Business Analyst - Principal	0.50	\$ 61,896	1.00	\$ 125,313
2119	Healthcare Analyst	0.50	\$ 42,446	1.00	\$ 85,935
2920	Medical Social Worker	0.50	\$ 44,232	1.00	\$ 88,464
2820	Senior Health Planner	0.50	\$ 51,737	1.00	\$ 102,186
Total Salary		5.08	\$ 606,313	8.00	\$ 936,056
Fringe		41.37%	\$ 250,855	45.15%	\$ 422,673
Total Salary and Fringe		5.08	\$ 857,168	8.00	\$ 1,358,729

Operating Expenses

Professional Services	225,000	250,000
Profession Services (HSF Private Provider Payments)	(300,019)	(371,694)
Human Services Agency Workorder	30,000	30,000
LIHP Out of Network Expense	(2,000,000)	(3,000,000)
	(2,045,019)	(3,091,694)

OMC total 5.08 \$ (1,187,851) 8.00 \$ (1,732,965)

IDS

Class	Title	FTE	FY13-14	FTE	FY14-15
1241	Personnel Analyst	0.50	\$ 43,518	1.00	\$ 88,105
1244	Senior Personnel Analyst	0.50	\$ 50,861	1.00	\$ 102,972
1204	Sr Personnel Clerk	0.25	\$ 16,552	0.50	\$ 33,669
2320	Registered Nurse	3.08	\$ 425,591	4.00	\$ 565,060
2119	Healthcare Analyst	0.50	\$ 42,446	1.00	\$ 85,935
Total Salary		4.83	\$ 578,969	7.50	\$ 875,741
Fringe		42.72%	\$ 247,309	46.67%	\$ 408,667
Total Salary and Fringe		4.83	\$ 826,278	7.50	\$ 1,284,408

Operating Expenses

Training	\$ 35,000	\$ 40,000
Business Intelligence - UM/Discharge Dashboard/Coordinated Care	\$ 250,000	\$ -
Software - Unique Identifier System	\$ -	\$ 666,163
Professional Services - IT Consultant Phase 2	\$ 75,000	\$ -
	\$ 360,000	\$ 706,163

Total IDS 4.83 \$ 1,186,278 \$ 1,990,571

Regulatory Reporting & Support for Federal & State Programs

Class	Title	FTE	FY13-14	FTE	FY14-15
1053	IS Business Analyst Assistant	0.50	\$ 53,481	1.00	\$ 108,276
1054	IS Business Analyst Principal	0.50	\$ 61,896	1.00	\$ 125,313
1824	Principal Administrative Analyst	1.00	\$ 112,678	2.50	\$ 285,158
1664	Patient Accounts Manager	1.00	\$ 95,285	1.50	\$ 145,364
2119	Health Care Analyst	(1.00)	\$ (84,892)	(1.00)	\$ (85,935)
0922	Manager I	0.50	\$ 56,498	1.00	\$ 114,384
2908	Hospital Eligibility Worker	0.50	\$ 36,595	1.00	\$ 74,436
1637	Patient Accounts Clerk	1.50	\$ 105,320	5.00	\$ 357,045
2119	Healthcare Analyst	0.75	\$ 63,669	1.50	\$ 128,903
Total Salary		5.25	\$ 500,529	13.50	\$ 1,252,943
Fringe		39.60%	\$ 198,219	48.62%	\$ 609,235
Total Salary and Fringe		5.25	\$ 698,748	13.50	\$ 1,862,177

Operating Expenses

Systems Consulting/Software & Maintenance - Cost Accounting	527,000	225,000
Systems Consulting/Software & Maintenance - 'i to i	25,000	25,000
	552,000	250,000

Total Regulatory and Federal & State Support \$ 1,250,748 \$ 2,112,177

\$ 1,249,175 \$ 2,369,784

8.2

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: Patient Care Assistants – Patient Care and Patient Safety

TARGETED CLIENTS: Patients at SFGH served by PCAs

PROGRAM CONTACT NAME/PHONE: Terry Dentoni, CNO, 206-3670

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
26.43	36.20	\$2,250,928	\$3,148,709

PROGRAM DESCRIPTION: (Brief description of Program Change)

Additional Patient Care Assistants (PCA's) are necessary to meet the increasing demand of coaches for the fragile elderly, the demented, and the cognitively-impaired patients who have poor safety awareness and/or behavioral challenges. PCAs ensure that patients remain safe and do not harm others in the hospital.

JUSTIFICATION:

Each inpatient unit has a fixed allocation of permanent PCAs that are intended to assist RNs with day-to-day direct patient care as their primary duties. The units also utilize "as-needed" as well as Registry PCAs to meet the increasing demands for coaches specifically for the fragile elderly, demented, cognitively-impaired patients who present with poor safety awareness and/or behavioral challenges that pose a threat to their own safety and the safety of others. The patient census remains consistent every year, and the ongoing usage of as-needed and Registry PCAs for the consistent patient population is increasingly costly; both financially and administratively.

Medical/Surgical Leadership, Nursing Administration and Human Resources invest a considerable amount of time hiring as needed employees who are only eligible to work 1,040 hours (equivalent to 36 hours/week for 6 months). After reaching 1040 hours, these employees are required to be separated and must wait six months before they may reapply. Hiring these already trained and experienced PCAs as permanent staff would reduce as-needed and Registry usage (thus reducing growing as-needed and Registry costs) and would decrease the time Medical/Surgical Leadership, Nursing and Administration and Human Resources hours dedicate to this inefficient process.

Adding these permanent positions to the budget would also address Collective Bargaining Agreement concerns around using as needed staff for permanent work as well as address structural funding issues around growing as needed and registry costs.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

PCAs assist nurses throughout SFGH and LHH.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$2,250,928 in FY 13-14 and \$3,148,709 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 26.43 FTEs in FY13-14 annualizing to 36.20 FTEs in FY14-15.

INITIATIVE TITLE: Patient Care Assistants – Patient Care and Patient Safety

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 2,250,928	\$ 3,148,709
	Operating Expense	\$ -	\$ -
Subtotal Uses		\$ 2,250,928	\$ 3,148,709
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 2,250,928	\$ 3,148,709
Total FTE's		26.43	36.20

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2303	Patient Care Assistants (SFGH)	18.40	\$ 975,742	25.20	\$ 1,359,414
2303	Patient Care Assistants (LHH)	8.03	\$ 425,919	11.00	\$ 593,395
			-		-
	Total Salary	26.43	1,401,661	36.20	1,952,809
	Fringe	60.59%	849,267	61.24%	1,195,900
	Total Salary and Fringe	26.43	\$ 2,250,928	36.20	\$ 3,148,709

Operating Expenses

Index Code Character/Subobject Code

\$ - \$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Laguna Honda Hospital Coach Team**

TARGETED CLIENTS: LHH Clients

PROGRAM CONTACT NAME/PHONE: Madonna Valencia, RN, MSN/ (415)327-2765

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
8.28	18.00	\$705,290	\$1,565,622

PROGRAM DESCRIPTION: (Brief description of Program Change)

LHH cares for residents with complex medical issues, chronic illnesses, and cognitive impairments. In fact 58% of our residents have some type of dementia or cognitive impairment that manifest behaviors that are a safety risk and would require 1:1 supervision, or what we call a coach. IN FY 20120 the daily need for coaches averaged 104 hours of overtime. The benefits of creating a COACH team is not just cost effective but also supports focused training and ensures competency.

JUSTIFICATION:

A Coach is provided to a resident at LHH who requires 1:1 supervision because of safety concerns. It could be that they are at risk of falling, intrusiveness or high elopement risk were some of the few reasons. It will be most cost effective if the 104 hrs. are paid as straight time versus OT hrs. The other value of having a pool of coach is to have specially trained staff that is consistent in the delivery of treatment management which will most likely contribute to positive resident outcomes in shorter time.

Adding these permanent positions to the budget would address structural funding issues around growing as needed salary costs.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

This will impact 58% of cognitively impaired residents at LHH who at some point need 1:1 for safety reasons.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Labor expenditures will increase by \$705,290 in FY13/14 and \$1,565,622 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE :

Increasing by 8.28 FTEs in FY13/14 and 18 FTEs in FY 14/15

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Coach Team at Laguna Honda Hospital

Description		FY 2013-14	FY 2014-15
Sources:			
		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Salary & Fringes		\$ 705,290	\$ 1,565,622
Subtotal Uses		705,290	1,565,622
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 705,290	\$ 1,565,622
Total FTE's		8.28	18.00

New Positions (List positions by Class, Title and FTE)

PP20

Class	Title	FTE	FY 13-14	FTE	FY14-15
2303	Patient Care Assistant	8.28	439,179	18.00	971,010

Fringe (FY 13-14 = 56%)

8.28	439,179	18.00	971,010
	266,111		594,612
	705,290		1,565,622

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each item by count and amount)

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UOS (Node 15 MH svcs converted to hours from minutes)
SA Adult	Asian & Pacific Islander Wellness Center	Wellness Promotion & Prevention	Special Project: Trans-Females who have Sex with Men (SP TFSM)	250,000								
SA Adult	Asian & Pacific Islander Wellness Center	Prevention	Health Education Risk Reduction (HERR)	152,865	152,865	31,847	6,369	38,216	25%	144	576	2,055
MH/SA	Asian & Pacific Islander Wellness Center Total			402,865	152,865	31,847	6,369	38,216	9%	144	576	2,055
	Asian American Recovery Svcs	Fiscal Intermediary	Payment to Board and Care facility operators, out-of-county foster care providers, and misc. programmatic payments	19,135,535								
MH Child	Asian American Recovery Svcs	Outpatient	SOC - Project Reconnect	13,860								
MH Child	Asian American Recovery Svcs	Outpatient	SOC - Project Reconnect	1,156								
MH Child	Asian American Recovery Svcs	Outpatient	SOC - Project Reconnect	8,085								
MH-Adult	Asian American Recovery Svcs	Outpatient	SOC - Adapt MH	164,340	111,338	23,195	4,639	27,835	17%	22	130	1,064
SA Adult	Asian American Recovery Svcs	Outpatient	SOC - Project ADAPT	272,214	247,014	51,461	10,292	61,754	23%	26	115	2,686
SA Adult	Asian American Recovery Svcs	Outpatient	SOC - Lee Woodward Counseling Center	278,286	278,286	57,976	11,595	69,572	25%	20	80	2,731
SA Adult	Asian American Recovery Svcs	Prevention	SOC - COPPASA	132,665	132,665	27,643	5,529	33,171	25%	500	2,000	1,302
SA Adult	Asian American Recovery Svcs	Residential Treatment	SOC - Residential Therapeutic Community	611,590	518,235	64,779	64,779	129,559	21%	8	36	5,977
SA Child	Asian American Recovery Svcs	Outpatient	SOC - Project Youth Reconnect	235,761								
COPC	Asian American Recovery Svcs	Primary Care	Asian American Recovery Services (TWHC)	40,000	40,000							
COPC	Asian American Recovery Svcs	Primary Care	Asian American Recovery Services (Medical Respite Clinic)	116,177	116,177							
HUH	Asian American Recovery Svcs	Fiscal Intermediary	Check Writing Services - Emergency Hotels	2,822,767	1,755,000							
MH-Adult	Asian American Recovery Svcs	Residential Treatment		23,832,456	3,199,735	225,055	96,835	321,890	1%	576	2,361	13,760
MH-Adult	Baker Places, Inc.	Residential Treatment	San Jose Place	822,805	339,995	42,499	42,499	84,999	10%	19	180	5,814
MH-Adult	Baker Places, Inc.	Residential Treatment	Baker Street House	853,671	194,795	24,349	24,349	48,699	6%	8	148	7,032
MH-Adult	Baker Places, Inc.	Residential Treatment	Grove Street House	1,120,431	319,500	39,938	39,938	79,875	7%	11	150	3,285
MH-Adult	Baker Places, Inc.	Residential Treatment	Jo Ruffin Place	1,041,104	284,964	35,621	35,621	71,241	7%	14	200	7,032
MH-Adult	Baker Places, Inc.	Residential Treatment	Robertson Place	784,845	284,937	35,617	35,617	71,234	9%	17	192	6,342
MH-Adult	Baker Places, Inc.	Supportive Housing	Odyssey House	419,085								
MH-Adult	Baker Places, Inc.	Supportive Services in Supportive Housing	AILP (Assisted Independent Living)	1,171,164								
MH-Adult	Baker Places, Inc.	Residential Treatment	CODB	118,670	118,670	14,834	14,834	29,668	25%			
SA Adult	Baker Places, Inc.	Residential - Medical Detox	Joe Healy Medical Detox	100,895								
SA Adult	Baker Places, Inc.	Residential - Medical Detox	Joe Healy Medical Detox	3,520,534								
SA Adult	Baker Places, Inc.	Residential Treatment	Acceptance Place	622,290	622,290	77,786	77,786	155,573	25%	15	60	3,468
HUH	Baker Places, Inc.	Residential Treatment	Ferguson Place	203,745	-							
HUH	Baker Places, Inc.	Residential	Supportive Living, Residential Subsidies	720,370	-							
HUH	Baker Places, Inc.	Residential Treatment	Ferguson Place	342,303	-							
HUH	Baker Places, Inc.	Residential	Supportive Living, Residential Subsidies	10,917	-							
MH Child	Baker Places, Inc. Total			11,852,829	2,165,151	270,644	270,644	541,288	5%	84	1,450	41,349
MH Child	Bayview Hunters Point Foundation	Fiscal Intermediary	Family Mosaic	365,878								
MH Child	Bayview Hunters Point Foundation	Outpatient	outpatient	454,031								
MH Child	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	PEI school-based services	231,101								
MH-Adult	Bayview Hunters Point Foundation	Outpatient	Adult Behavioral Health	1,019,346	304,059	63,346	12,669	76,015	7%	45	600	5,906
MH-Adult	Bayview Hunters Point Foundation	Outpatient	Anchor Program	201,565	201,565	41,993	8,399	50,391	25%	33	132	1,346
SA Adult	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	HIV Set Aside: Routine Opt-Out HIV Screening, Counseling, and Placement	25,000								
SA Adult	Bayview Hunters Point Foundation	Residential Treatment	Jelani House Residential	631,417	262,420	32,803	32,803	65,605	10%	2	15	4,914
SA Adult	Bayview Hunters Point Foundation	Residential Treatment	Jelani Family Program Residential	572,315	572,315	71,539	71,539	143,079	25%	5	18	1,971
SA Child	Bayview Hunters Point Foundation	Outpatient	Youth Moving Forward Bayview	503,970								
SA Child	Bayview Hunters Point Foundation	Outpatient	Youth Moving Forward Portero Hill	195,241								
SA Child	Bayview Hunters Point Foundation	Prevention	LGBT Youth Services	4,211								
SA Child	Bayview Hunters Point Foundation	Prevention	Youth Services	105,245								
SA Adult	Bayview Hunters Point Foundation	Methadone	Narcotic Treatment Program: MM	1,247,249								
SA Adult	Bayview Hunters Point Foundation	Methadone	Jail Methadone Courtesy Dosing Program	239,578								
CHPP	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	Bayview Hunter's Point Foundation	1,250,142	840,749	175,156	35,031	210,187	17%	-	-	36
HUH	Catholic Charities	Medical Case Management	Rita de Casia and Hazel Betsey	7,046,290	2,181,108	394,836	160,441	545,277	8%	84	765	14,173
HUH	Catholic Charities	Medical Case Management	Derek Silva	175,072	-				0%	0	40	1,555
				391,848	4,266	889	178	1,067	0%	0	68	2,784

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UOS (Mode 15 MH svcs converted to hours from minutes)
HUH	Catholic Charities	Residential Care Facility / Long Term Care	Peter Claver	451,378	-	-	-	-	0%	-	34	10,512
HUH	Catholic Charities	Supportive Services in Supportive Housing	Edith Witt Senior Community Assisted Housing	927,368	120,913	25,190	5,038	30,228	25%	7	29	1,488
HUH	Catholic Charities	Housing Subsidies	-	-	-	-	-	-	-	-	-	-
SA Adult	Catholic Charities Total	-	-	2,066,579	125,179	26,079	5,216	31,295	2%	7	171	16,339
SA Adult	CATS	Hospital/ED Stepdown	Medical Respite and Sobering Center	1,521,751	-	-	-	-	-	-	-	-
SA Adult	CATS	Residential Treatment	Golden Gate for Seniors	266,895	266,895	33,362	33,362	66,724	25%	9	36	591
SA Adult	CATS	Wellness Promotion & Prevention	A Woman's Place	236,881	-	-	-	-	-	-	-	-
SA Adult	CATS	Transportation	Mobile Assistance Patrol	300,000	-	-	-	-	-	-	-	-
SA Adult	CATS	Self Help/Drop In Center	Mobile Assistance Patrol	496,392	-	-	-	-	-	-	-	-
SA Adult	CATS	SFHOT	Women's Drop-in-OSHUN	832,884	-	-	-	-	-	-	-	-
SA Adult	CATS	SFHOT	SF Homeless outreach Team	2,510,529	-	-	-	-	-	-	-	-
SA Adult	CATS Total	-	-	6,165,332	266,895	33,362	33,362	66,724	1%	9	403	34,870
MH Child	Community Vocational Enterprises	Vocational Services	Vocational Services	12,889	-	-	-	-	-	-	-	-
MH-Adult	Community Vocational Enterprises	Peer & Intern Employment	Empowerment Services	209,767	-	-	-	-	-	-	-	-
MH-Adult	Community Vocational Enterprises	Vocational Services	Vocational Services	663,930	663,930	138,319	27,664	165,983	25%	100	400	44,113
MH-Adult	Community Vocational Enterprises	Vocational Services	Vocational Services	215,970	-	-	-	-	-	-	-	-
MH-Adult	Community Vocational Enterprises	Vocational Services	IME Janitorial Services	432,286	-	-	-	-	-	-	-	-
MH-Adult	Community Vocational Enterprises	Vocational Services	SF FIRST RCI	35,668	-	-	-	-	-	-	-	-
MH-Adult	Community Vocational Enterprises	Vocational Services	SF FIRST SFPL-OP	31,541	-	-	-	-	-	-	-	-
MH-Adult	Community Vocational Enterprises	Vocational Services	Former Baker Places Employees	157,532	-	-	-	-	-	-	-	-
MH-Adult	Community Vocational Enterprises	Vocational Services	Prompt Staffing Services	91,068	-	-	-	-	-	-	-	-
MH-Adult	Community Vocational Enterprises Total	-	-	1,850,651	663,930	138,319	27,664	165,983	9%	100	400	44,113
MH-Adult	Curry Senior Center	Outpatient	Older Adult Integrated Full Service Outpatient	73,995	12,225	2,547	509	3,056	4%	4	95	171
MH-Adult	Curry Senior Center	Outpatient	Behavioral Health Primary Care Integration	307,127	-	-	-	-	-	-	-	-
SA Adult	Curry Senior Center	Outpatient	Older Adult BH IFSO	165,369	165,369	34,452	6,890	41,342	25%	13	51	33
COPC	Curry Senior Center	Outpatient	Curry Senior Center	361,541	361,541	-	-	-	-	-	-	-
HUH	Curry Senior Center Total	-	-	908,032	539,135	36,999	7,400	44,399	5%	17	146	204
HUH	Dolores Street Community Services	Supportive Services in Supportive Housing	Support Services at Casa Quezada	325,423	325,423	67,796	13,559	81,356	25%	42	167	3,381
MH Child	Family Service Agency	Outpatient	Outpatient	315,881	-	-	-	-	-	-	-	-
MH Child	Family Service Agency	Outpatient	EPSTD Full Circle	423,225	-	-	-	-	-	-	-	-
MH Child	Family Service Agency	Wellness Promotion & Prevention	Quality Childcare mental health	252,751	-	-	-	-	-	-	-	-
MH Child	Family Service Agency	Outpatient	Dear Community Counseling svc	19,363	-	-	-	-	-	-	-	-
MH-Adult	Family Service Agency	Outpatient	POPS-ASO	191,176	30,375	6,328	1,266	7,594	4%	N/A	N/A	N/A
MH-Adult	Family Service Agency	Outpatient	Older Adult FSP	1,141,632	71,269	14,848	2,970	17,817	2%	8	528	7,480
MH-Adult	Family Service Agency	Outpatient	Geniatric Gough	930,257	260,819	54,337	10,867	65,205	7%	96	1,375	4,961
MH-Adult	Family Service Agency	Outpatient	Geniatrics Services	961,836	166,315	34,649	6,930	41,579	4%	51	1,180	5,389
MH-Adult	Family Service Agency	Outpatient	Adult Full Service Partnership	1,343,184	122,226	25,464	5,093	30,557	2%	17	750	8,604
MH-Adult	Family Service Agency	Outpatient	Transitional Age Youth	424,867	-	-	-	-	-	-	-	-
MH-Adult	Family Service Agency	Wellness Promotion & Prevention	Senior Drop-In Center	185,400	-	-	-	-	-	-	-	-
MH-Adult	Family Service Agency	Wellness Promotion & Prevention	Prevention & Recovery in Early Psychosis	994,073	-	-	-	-	-	-	-	-
MH-Adult	Family Service Agency	Outpatient	Dear Community Counseling svc	397,495	192,688	40,143	8,029	48,172	12%	51	420	2,386
SA Adult	Family Service Agency Total	-	-	7,561,140	843,692	175,769	35,154	210,923	3%	224	4,253	28,820
SA Adult	Friendship House	Residential Treatment	Friendship House	217,741	217,741	-	-	54,435	25%	2	9	2,957
SA Adult	Friendship House	Residential Treatment	Friendship House	187,375	-	-	-	-	-	-	-	-
HUH	Friendship House Total	-	-	405,116	217,741	27,218	27,218	54,435	13%	2	9	2,957
HUH	Glide Community Housing	Supportive Services in Supportive Housing	149 Mason Street Housing Project	358,670	358,670	74,723	14,945	89,668	25%	15	61	18,117
MH-Adult	Glide Community Housing Total	-	-	358,670	358,670	74,723	14,945	89,668	25%	15	61	18,117
MH-Adult	HAFAC dba HealthRIGHT 360	Outpatient	Adult Outpatient	325,405	169,156	35,241	7,048	42,289	13%	28	215	2,043
MH-Adult	HAFAC dba HealthRIGHT 360	Outpatient	Crisis Intervention	16,696	16,696	3,478	696	4,174	25%	N/A	N/A	4
MH-Adult	HAFAC dba HealthRIGHT 360	Residential Treatment	WRAPS	82,400	-	-	-	-	-	-	-	-
MH-Adult	HAFAC dba HealthRIGHT 360	Residential Treatment	CODB	8,108	6,534	1,361	272	1,634	20%	-	-	-
SA Adult	HAFAC dba HealthRIGHT 360	Outpatient	AA Family Healing Center	311,059	311,059	64,804	12,961	77,765	25%	25	101	3,684
SA Adult	HAFAC dba HealthRIGHT 360	Outpatient	Adult OP	1,240,223	1,210,223	252,130	50,426	302,556	24%	99	407	13,644
SA Adult	HAFAC dba HealthRIGHT 360	Outpatient	BASN Outpatient	100,183	-	-	-	-	-	-	-	-
SA Adult	HAFAC dba HealthRIGHT 360	Vocational Services	HAFCI Admin Services	99,522	-	-	-	-	-	-	-	-
SA Adult	HAFAC dba HealthRIGHT 360	Fiscal Intermediary	Project Homeless Connect - Everyday Connect	367,965	-	-	-	-	-	-	-	-

8.26

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UOS (Mode 15 MH svcs converted to hours from minutes)
SA Adult	HAFc dba HealthRIGHT 360	Fiscal Intermediary	HIV Set-Aside Coordinator	120,000								
SA Adult	HAFc dba HealthRIGHT 360	Fiscal Intermediary	Project Homeless Connect	464,726								
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	Bridges Outpatient	730,438								
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	2ND Chance Case Mgmt	506,598								
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	SHOP grant	329,773								
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	Family Strength Outpatient (Connections)	200,457	200,457	41,762	8,352	50,114	25%	29	115	53
SA Adult	HAFc dba HealthRIGHT 360	Outpatient	Rep Payee Case Mgmt	77,614								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	BASN Residential	432,525								
SA Adult	HAFc dba HealthRIGHT 360	Residential Detox	Social Detox Res (SYDP Lucille Withe Center)	840,112								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Satellite Residential	303,983	303,983	37,998	37,998	75,996	25%	21	84	6,898
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	WHITS Residential	313,899	313,899	39,237	39,237	78,475	25%	6	22	1,643
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	SFGH Residential	427,162	427,162	53,395	53,395	106,791	25%	11	45	3,285
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Transgender Residential	348,841	348,841	43,605	43,605	87,210	25%	9	36	2,628
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Adult Residential	3,680,484	950,437	118,805	118,805	237,609	6%	29	444	41,721
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Bridges Residential	130,439								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	HIV Women's Residential (Lodestar)	190,973								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	CARE Variable Length Residential	217,326								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	CARE MDSP Residential	355,411								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	CARE Residential Detox	211,834								
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Women's Hope Residential (Pomeroy)	645,619	645,619	80,702	80,702	161,405	25%	9	35	5,256
SA Adult	HAFc dba HealthRIGHT 360	Residential Treatment	Criminal Justice Residential (ABI109 WO)	311,858								
SA Adult	HAFc dba HealthRIGHT 360	Supportive Housing	Criminal Justice ONPD (ABI109 WO)	351,642								
SA Adult	HAFc dba HealthRIGHT 360	Methadone	Euphorphine Medical Monitoring	50,437								
HUH	HAFc dba HealthRIGHT 360	Medical Case Management	Planetree Housing Program	70,766								
MH-Adult	HAFc dba HealthRIGHT 360 Total			13,864,478	4,904,066	772,519	453,498	1,226,017	9%	265	1,504	80,859
MH-Adult	Hyde Street	Outpatient	Hyde Street	2,243,543	381,174	79,411	15,882	95,294	4%	132	3,110	12,654
MH-Adult	Hyde Street	Outpatient	Adult FSP	595,561	39,813	8,294	1,659	9,953	2%	4	253	3,413
MH-Adult	Hyde Street Total			2,839,104	420,987	87,706	17,541	105,247	4%	136	3,363	16,067
MH Child	Instituto Familiar de la Raza, Inc	Outpatient	outpatient	569,585								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	Paul Revere	193,629								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	PEI Violence Trauma Recovery Svcs	214,381								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	Early childhood MH	596,711								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	PEI Early Childhood MH	42,000								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	ECMHC Training	13,729								
MH-Adult	Instituto Familiar de la Raza, Inc	Outpatient	Adult Outpatient-MH Svcs	543,123	273,914	57,065	11,413	68,479	13%	108	855	2,935
MH-Adult	Instituto Familiar de la Raza, Inc	Outpatient	BH/PC integration	86,866	86,866	18,097	3,619	21,717	25%	99	395	33
MH-Adult	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	Indigena Health & Wellness COLL	254,775					0%			
SA Adult	Instituto Familiar de la Raza, Inc Total			2,514,799	360,780	75,163	15,033	90,196	4%	207	1,250	2,968
SA Adult	Jelani, Inc (BVHP FY 11-12)	Residential Treatment	Jelani House Residential	99,872	1,872	234	234	468	0%	0	6	777
SA Adult	Jelani, Inc (BVHP FY 11-12) Total			99,872	1,872	234	234	468	0%	0	6	777
SA Adult	Laino Commission	Residential Treatment	Casa Quezai & Casa Olin - Adult Male Residential	643,172	643,172	80,397	80,397	160,793	25%	12	48	4,679
SA Adult	Laino Commission	Residential Treatment	Casa Xochitl & Casa Olin - Perinatal Residential	374,294	374,294	46,787	46,787	93,574	25%	3	10	1,734
SA Adult	Laino Commission	Residential Treatment	Aviva House - Adult Male HIV Residential	175,184								
SA Adult	Laino Commission Total			1,192,650	1,017,486	127,183	127,183	254,367	21%	15	67	7,453
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	Mosaica	54,359	54,359	11,325	2,265	13,590	25%	3	11	1,198
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	990 Polk Street Senior Housing	213,537	213,537	44,487	8,897	53,384	25%	13	50	6,313
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	Folsom Dore	197,934	197,934	41,236	8,247	49,484	25%	10	40	5,622
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	3rd Party Payer	735,000	735,000	153,125	30,625	183,750	25%	328	1,313	13,640
HUH	Lutheran Social Services of Northern California	Emergency Housing	Emergency Housing	271,880					0%			
HUH	Lutheran Social Services of Northern California	Emergency Housing	Emergency Housing	9,417								
HUH	Lutheran Social Services of Northern California	Emergency Housing	Emergency Housing	99,607								
SA Adult	Lutheran Social Services of Northern California Total			1,681,734	1,200,830	260,173	50,035	300,208	19%	354	1,414	26,773
SA Adult	Mission Council	Outpatient	Outpatient	254,775	254,775	53,078	10,616	63,694	25%	90	360	5,180
SA Adult	Mission Council	Outpatient	Outpatient	254,775	254,775	53,078	10,616	63,694	25%	13	51	2,295
SA Adult	Mission Council Total			609,660	609,660	106,166	21,231	127,388	25%	103	411	7,475
COPC	Mission Neighborhood Health Center	Outpatient	Mission Neighborhood Health Center	302,628	302,628	63,048	12,610	75,657	25%	N/A	N/A	3,106

8.27

Initiative Back-Up Detail: CBO Across-the Board Reductions. Agencies with no reductions are not included. If an agency has any reduction, then the entire agency is included in the detail.
as of 05-02-13

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction Based on % of GF Agency Funding	Estimated UDC Reduction to Budgeted UDC	Total UDC	Total UOS (Mode 15 MH svcs converted to hours from minutes)
Mission Neighborhood Health Center Total												
MH Child	Mt. St. Joseph's - St. Elizabeth's	Outpatient	outpatient	62,627	302,628	63,048	12,610	75,657	25%	-	-	3,106
SA Adult	Mt. St. Joseph's - St. Elizabeth's	Residential Treatment	Epiphany House	334,618	334,618	41,927	41,927	83,655	25%	8	30	3,285
SA Adult	Mt. St. Joseph's - St. Elizabeth's	Residential Treatment	Epiphany Residential	334,617	334,617	41,927	41,927	83,654	25%	8	30	3,285
Mt. St. Joseph's - St. Elizabeth's Total												
HUH	Parkview Terraces	Supportive Services in Supportive Housing	Permanent Housing for Homeless Frail Senior	53,069	53,069	11,056	2,211	13,267	25%	6	22	2,446
Parkview Terraces Total												
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Cortland	53,069	53,069	11,056	2,211	13,267	25%	6	22	2,446
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Dore Street Urgent Care Clinic	2,429,692	768,918	96,240	96,240	192,480	8%	79	1,000	35,000
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Asbury	973,398	180,511	22,564	22,564	45,128	5%	1	24	8,551
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Avenues	1,421,593	466,442	58,305	58,305	116,611	8%	41	498	7,445
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Clay	1,161,211	157,557	19,695	19,695	39,389	3%	1	40	12,750
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Dore Street Residential	1,462,163	471,217	58,902	58,902	117,804	8%	44	550	8,689
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Dorine Lolo House	1,207,884	68,354	8,544	8,544	17,089	1%	1	36	12,314
MH-Adult	Progress Foundation, Inc.	Residential Treatment	La Amistad	822,140	322,118	40,265	40,265	80,530	10%	15	150	10,583
MH-Adult	Progress Foundation, Inc.	Residential Treatment	La Posada	1,179,878	377,367	47,171	47,171	94,342	8%	32	394	6,206
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Prigress House	791,895	165,293	20,662	20,662	41,323	5%	4	80	8,414
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Seniors Program	1,113,384	103,372	12,922	12,922	25,843	2%	2	88	11,569
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Shrader	1,216,722	438,108	54,764	54,764	109,527	9%	45	498	7,001
MH-Adult	Progress Foundation, Inc.	Supportive Housing	Supportive Living	661,849								
Progress Foundation, Inc. Total												
HUH	Progress Foundation, Inc.	Supportive Services in Supportive Housing	Armstrong Place	15,223,358	3,687,726	460,966	460,966	921,932	6%	269	3,438	136,877
Providence Foundation Total												
MH Child	RAMS	Outpatient	outpatient	98,681	98,681	20,559	4,112	24,670	25%	6	25	2,112
MH Child	RAMS	Outpatient	outpatient	570,065								
MH Child	RAMS	Outpatient	SED partnership	1,033,785								
MH Child	RAMS	Wellness Promotion & Prevention	PEI school-based services	303,951								
MH Child	RAMS	Wellness Promotion & Prevention	PEI school-based services	270,529								
MH Child	RAMS	Wellness Promotion & Prevention	M-SA WDET Summer Bridge	68,280								
MH Child	RAMS	Wellness Promotion & Prevention	PEI Early Childhood MH	25,478								
MH Child	RAMS	Wellness Promotion & Prevention	Early childhood MH	934,779								
MH-Adult	RAMS	Outpatient	Adult Outpatient Services Clinic	1,861,035	34,554	7,199	1,440	8,639	0%	6	1,200	10,440
MH-Adult	RAMS	Outpatient	Broderick Street Residential Program	565,187	10,593	2,207	441	2,648	0%	0	36	2,455
MH-Adult	RAMS	Training	Peer Specialist Mental Health Certificate	111,341								
MH-Adult	RAMS	Vocational Services	Employee Development Program	510,000	111,341	23,196	4,539	27,835	25%	9	35	1,561
MH-Adult	RAMS	Outpatient	IT	100,000								
MH-Adult	RAMS	Outpatient	AP Health Parity Coalition	5,086								
MH-Adult	RAMS	Vocational Services	SF FIRST RCI	4,421								
MH-Adult	RAMS	Vocational Services	SF FIRST SFPL-OP	22,505								
MH-Adult	RAMS	Vocational Services	Former Baker Places Employees	13,010								
MH-Adult	RAMS	Vocational Services	Prompt Staffing Services	29,967								
MH-Adult	RAMS	Vocational Services	Empowerment Services	125,785	125,785	26,205	5,241	31,446	25%	N/A	N/A	N/A
MH-Adult	RAMS	Vocational Services	Vocational Services	61,755								
MH-Adult	RAMS	Vocational Services	IME Janitorial Services	1,841								
MH-Adult	RAMS	Vocational Services	Vocational Services	190,072								
MH-Adult	RAMS	Outpatient	Wellness substance abuse services	85,178								
MH-Adult	RAMS	Outpatient	PAES - SSI Advocacy Support Service	90,854								
MH-Adult	RAMS	Outpatient	PAES Vocational svc	1,876,140								
MH-Adult	RAMS	Outpatient	PAES Counsel. & Pre Counseling	933,706	933,706	58,807	11,761	70,568	0%		36	11,081
HUH	RAMS	Residential	Broderick Street RCF	933,706	933,706	58,807	11,761	70,568	1%	14	1,307	25,537
HUH	Regents of California (UC)	Supportive Services in Supportive Housing	Parcel G	631,988	1,215,979	104,103	20,821	124,924	20%	13	67	180,671
HUH	Regents of California (UC)	Vocational Services	Dept. of Psychiatry Vocational Rehabilitation Program	43,556	43,556	9,074	1,815	10,889	25%	1	5	12,452
Regents of California (UC) Total												
MH-Adult	San Francisco AIDS Foundation	Outpatient	Lyon Martin	675,544	543,251	113,177	22,535	135,813	20%	14	72	193,123
MH-Adult	San Francisco AIDS Foundation	Outpatient	Lyon Martin	386,820	317,940	66,238	13,248	79,485	21%	19	93	1,996
SA Adult	San Francisco AIDS Foundation	Outpatient	Stonewall Project	85,604	1,604	334	67	401	0%	0	20	650
SA Adult	San Francisco AIDS Foundation	Outpatient	Subcontract to Lyon-Martin Health Services	171,100	171,100	35,646	7,129	42,775	25%	4	15	774

8.28

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of GF Budgeted to UDC	Total UDC	Total UDS (Mode 15 MH svcs converted to hours from minutes)
SA Adult	San Francisco AIDS Foundation	Outpatient	Stonewall Project HIV Intervention	157,741								
SA Adult	San Francisco AIDS Foundation	Outpatient	Stonewall Project IFSO	410,432	402,432	83,840	16,768	100,608	25%	23	95	4,004
SA Adult	San Francisco AIDS Foundation	Outpatient	Stonewall Project IFSO	140,152	140,152	29,198	5,840	35,038	25%			
SA Adult	San Francisco AIDS Foundation	Outpatient	Stonewall Project PROP	122,398	122,399	25,500	5,100	30,600	25%	13	50	1,012
HUH	San Francisco AIDS Foundation	Housing Subsidies	Rental Subsidies	2,956,528								
HUH	San Francisco AIDS Foundation	Housing Subsidies	Rental Subsidies	625,955								
	San Francisco AIDS Foundation Total			5,056,731	1,155,627	240,756	48,151	288,907	6%	59	273	8,436
MH-Adult	San Francisco Study Center	Clients' Rights Advocacy	SFMHCR (SF MH Clients Rights Advocacy)	370,927	370,927	77,276	15,455	92,732	25%	150	600	9,172
MH-Adult	San Francisco Study Center	Peer & Intern Employment	Peer & Intern Employment	990,654								
MH-Adult	San Francisco Study Center	Wellness Promotion & Prevention	OSH (OFFICE OF SELF-HELP)	577,910	444,010	92,502	18,500	111,003	19%	38	200	14,526
MH-Adult	San Francisco Study Center	Innovation	Fiscal Intermediary for Innovation	307,178								
MH-Adult	San Francisco Study Center	CODB	CODB	18,122	15,565	3,243	649	3,891	21%			
CHPP	San Francisco Study Center	Wellness Promotion & Prevention	San Francisco Study Center	1,352,460	330,520	68,858	13,772	82,630	6%			72
	San Francisco Study Center Total			3,617,251	1,161,022	241,880	48,376	290,256	8%	198	800	23,770
MH-Adult	San Francisco Suicide Prevention	Wellness Promotion & Prevention	Citywide Suicide Intervention / Crisis Counseling / Off-hours Coverage for Behavioral Health SOC, BHAC Line Coverage	181,960								
SA Adult	San Francisco Suicide Prevention	Training	Fiscal Intermediary-Training Fund	45,860								
SA Adult	San Francisco Suicide Prevention	Training	Fiscal Intermediary-Training Fund	199,489	199,489	41,560	8,312	49,872	25%			4,160
SA Adult	San Francisco Suicide Prevention	Wellness Promotion & Prevention	Drug Line/Relapse Prevention Line	100,459								
SA Adult	San Francisco Suicide Prevention	Methodone	Fiscal Intermediary-Harm Reduction Therapy	35,385								
	San Francisco Suicide Prevention Total			563,153	199,489	41,560	8,312	49,872	9%	-	-	4,160
MH-Adult	SF Mental Education Funds	Training	Mental Health Board	129,691	100,924	21,026	4,205	25,231	19%	230	1,183	834
MH-Adult	SF Mental Education Funds	Training	CBHS CME Training Fund	18,046	18,046	3,760	752	4,512	25%	296	1,183	116
MH-Adult	SF Mental Education Funds	Training	CBHS SOC Training Fund	40,603	40,603	8,459	1,692	10,151	25%	296	1,183	262
	SF Mental Education Funds Total			188,340	159,573	33,244	6,649	39,893	21%	822	3,549	1,212
HUH	SteppingStone	Outpatient	Mission Creek	259,790	259,790	54,123	10,825	64,948	25%	39	156	5,670
	SteppingStone Total			259,790	259,790	54,123	10,825	64,948	25%	39	156	5,670
MH Child	The IRIS Center	Outpatient	Mental Services	35,669								
SA Adult	The IRIS Center	Outpatient	IFSO Prenatal Program	711,933	368,846	76,843	15,369	92,212	13%	10	81	17,157
	The IRIS Center Total			747,602	368,846	76,843	15,369	92,212	12%	10	81	17,157
MH-Adult	UCSF Alliance Health Project	Outpatient	Transgender	26,197	26,197	5,458	1,092	6,549	25%	100	400	74
MH-Adult	UCSF Alliance Health Project	Outpatient	Integrated Full Service Outpatient	718,702	10,924	2,276	455	2,731	0%	3	903	3,696
MH-Adult	UCSF Alliance Health Project	Outpatient	CODB	14,228	14,228	2,964	593	3,557	25%			
SA Adult	UCSF Alliance Health Project	Outpatient	Integrated Full Service Outpatient	151,440								
	UCSF Alliance Health Project Total			910,567	51,349	10,698	2,140	12,837	1%	103	1,303	3,770
MH-Adult	UCSF Citywide CM & CRT	Outpatient	Citywide Linkage	833,813	414,382	86,330	17,266	103,596	12%	39	315	6,925
MH-Adult	UCSF Citywide CM & CRT	Outpatient	NOVA	165,094								
MH-Adult	UCSF Citywide CM & CRT	Outpatient	Roving Team	845,387								
MH-Adult	UCSF Citywide CM & CRT	Supportive Services in Supportive Housing	Services for Supportive Housing									
SA Adult	UCSF Citywide CM & CRT	Outpatient	UCSF Citywide Outpatient	64,917	13,917	2,899	580	3,479	5%	3	60	1,855
	UCSF Citywide CM & CRT Total			2,723,728	428,299	89,229	17,846	107,075	4%	42	375	8,780
MH-Adult	UCSF SPR	Outpatient	Citywide Focus	6,169,650	213,557	44,554	8,911	53,464	1%	4	480	36,875
MH-Adult	UCSF SPR	Outpatient	Citywide Forensics	1,638,379	92,930	19,360	3,872	23,233	1%	2	173	9,792
	UCSF SPR Total			7,808,029	306,787	63,914	12,763	76,697	1%	7	653	46,667
Misc	Unallocated, TBD	Unallocated	Unallocated	4,571,705								
	Unallocated Total			4,571,705	-	48,771	32,451	81,221	-	-	-	-
MH Child	Westside Community Mental Health	Outpatient	outpatient	1,125,054								
MH Child	Westside Community Mental Health	Outpatient	SED partnership	181,741								
MH Child	Westside Community Mental Health	Outpatient	Teens for Understanding and Compassion Program									
MH-Adult	Westside Community Mental Health	Emergency Crisis	Westside Crisis	1,354,366	440,711	91,815	18,363	110,178	8%	273	3,350	317,715
MH-Adult	Westside Community Mental Health	Outpatient	Westside IFSO Outpatient	1,256,330	157,999	32,916	6,583	39,500	3%	28	900	6,553
MH-Adult	Westside Community Mental Health	Outpatient	Westside Crisis Care									
MH-Adult	Westside Community Mental Health	Outpatient	Westside IFSO ACT	1,761,584	68,096	14,187	2,837	17,024	1%	6	570	10,520

8.29

Initiative Back-Up Detail: CBO Across-the Board Reductions. Agencies with no reductions are not included. If an agency has any reduction, then the entire agency is included in the detail.
as of 05-02-13

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UOS (Mode 15 MH svcs converted to hours from minutes)
SA Adult	Westside Community Mental Health	Outpatient	Westside CTL (HIV Counseling, Testing & Linkages)	70,000					0%		300	1,667
MH-Adult	Westside Community Mental Health	Outpatient	CalWORKs PROGRAM	1,972,305	11,460	2,388	478	2,865	0%	4	2,434	8,912
SA Adult	Westside Community Mental Health	Methadone	Westside Methadone Maintenance	1,398,670								
SA Adult	Westside Community Mental Health	Methadone	Westside Methadone Maintenance Long-term Detox	18,610								
	Westside Community Mental Health Total			9,138,660	678,266	141,305	28,261	169,567	2%	310	7,554	345,367
	Grand Total			147,998,573	30,794,692	4,765,369	2,212,670	6,978,038	5%	4,288	38,445	1,197,270

Restorations Following April 23, 2013 Health Commission Hearing

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Restoration (10 mos.)	FY14-15 Non-Matched General Fund Restoration (2 mos.)	Total General Fund Restorations	Total UOS (Mode 15 MH svcs converted to hours from minutes)
CHPP	Bayview HERC	Wellness Promotion & Prevention	Bayview HERC	303,944	303,944	63,322	12,664	75,986	509
SA Adult	City College of San Francisco	Training	SA Certificate Program	132,088	132,088	27,518	5,504	33,022	30
SA Adult	Harm Reduction Coalition	Outpatient	DOPE Project	174,070	137,712	28,690	5,738	34,428	1,576
COPC	Lighthouse for the Blind and Visually Impaired	Transportation	Lighthouse for the Blind and Visually Impaired	51,497	51,497	10,729	2,146	12,874	100
MH-Adult	NICOS	Wellness Promotion & Prevention	Chinese Community Problem Gambling Project	68,280	68,280	14,225	2,845	17,070	529
MH-Adult	SAGE Project	Outpatient	Survivors of Trauma, Violence, and Sexual Abuse	71,337	71,337	14,862	2,972	17,834	48
SA Adult	SAGE Project	Outpatient	Survivors of Trauma, Violence, and Sexual Abuse	132,483	132,483	27,601	5,520	33,121	50
COPC	San Francisco Consortium	Primary Care	San Francisco Consortium (Intenship Program)	41,000	41,000	8,542	1,708	10,250	N/A
MH-Adult	San Francisco Suicide Prevention	Wellness Promotion & Prevention	Citywide Suicide Intervention / Crisis Counseling / Off-hours Coverage for Behavioral Health SOC, BHAC Line Coverage	181,960	181,960	37,908	7,582	45,490	5,000
SA Adult	San Francisco Suicide Prevention	Wellness Promotion & Prevention	Drug Line/Rapise Prevention Line	100,459	100,459	20,929	4,186	25,115	1,400
COPC	Shanti Lifelines	Transportation	Shanti Lifelines	64,548	64,548	13,448	2,690	16,137	3,185
COPC	Tides Center	Primary Care	Tides Foundation aka Women's Comm. Hlth Cinc	50,955	50,955	10,616	2,123	12,739	520
				1,372,621	1,336,263	278,388	55,678	334,066	9,762

Grand Total of All DPH CBO Professional Services Funding Impact

Total Funding	Total General Fund	Total General Fund Reduction*	Percent GF Reduction of Total GF	Total Prof. Services Reduction (all al Services funding sources)**	Percent Profession Reduction of Total Professional Services
268,808,145	116,881,303	10,011,018	9%	13,263,179	5%

* Included in this reduction is the projected loss of \$3,032,981 in General Fund monies that were used to backfill Ryan White HIV Funding in FY12-13, but of the total this portion was not ongoing in FY13-14. Added to Across-the-Board reduction.

** Included in this reduction is the additional Federal grant losses to HIV Health Services and HIV Prevention in FY13-14 and 14-15.

Reduction to total Professional Services would decrease from 5% to 3% if HIV funding losses not included.

April 23, 2013

Health Commission Meeting

Proposed DPH Budget Documents



City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

President Melara and Members of the Health Commission:

Attached is the Department's of Public Health's proposed budget for FY 13-14 and FY 14-15.

As you know, the Department is facing a number of significant financial pressures:

- A historical structural deficit in personnel costs, which has grown over time
- Operating cost inflation of approximately \$50 million year as employee benefits, medical supplies, and contract costs grow faster than departmental revenues
- Continued reductions in State and Federal funding
- Anticipated costs for non-bond-eligible expenses associated with the new San Francisco General Hospital building

In the current year, as a result of these factors, DPH faces a \$31 million deficit. Projections in the Mayor's proposed Five-Year Financial Plan show that if DPH does not change course it will require an additional \$291 million from the City's General Fund by 2018. Moreover, DPH requires new investments in critical organizational infrastructure to prepare for the coming changes in health care, including implementation of the Affordable Care Act, new reimbursement models based on measurable outcomes, and an accelerating transition to a managed care financial model.

Over the past several years, DPH has grappled with reductions to meet its share of the large citywide budget deficits driven by the economic downturn. Now, while the City still faces a sizable General Fund deficit and DPH still must do its share, the City's financial outlook has stabilized and improved compared to the worst years of the downturn. The FY 13-14 and 14-15 budget presents a new kind of challenge. Once again DPH faces very difficult decisions, including substantial reductions. But this year, our challenges are driven less by the City's financial picture, and more by the internal imperative to create a sound financial footing for the years to come.

As a result, in the attached budget, the department must propose redirecting funding from existing programs to make critical investments in the department's future. These are not easy decisions, but through the department's Five-Year Financial Planning effort over the last eighteen months, it has become apparent they are necessary. If we don't make these difficult decisions today, we risk undermining our financial ability to sustain an adequate future safety net for those most in need.

The proposed FY 13-14 and 14-15 budget emphasizes the following strategies:

- **Focus on internal efficiency and streamlining.** Over the last two years, DPH has: undertaken the Integrated Delivery System planning process; begun a major consultant engagement focused on creation of a managed care office and health care reform preparedness; reorganized and integrated its Public Health Division; restructured its IT organization based on a study of best practices; restructured purchasing and contracting systems; created a new capital programs management structure to ensure the SFGH Rebuild and other projects remain within scope and budget; begun implementation of electronic health records, and worked to integrate primary care and behavioral health.

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all

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- ***Begin to correct the historical “structural” deficit.*** The budget redirects over \$17 million over two fiscal years toward this purpose. For years, the department’s salary and benefit budget has been substantially below its actual staffing levels. This imbalance has grown over the last several years with personnel cost inflation and as the department used revenue growth and expenditure reductions to reduce General Fund support, rather than correcting the structural problem. In the current year, the imbalance has grown to over \$45 million. The department cannot continue to operate under large, perpetual deficits.
- ***Invest in organizational infrastructure needed to succeed in the health care environment of the future.*** With the implementation of the Affordable Care Act beginning in FY 13-14, DPH needs to adapt. The budget redirects \$1.5 million in funding to: 1) Implement the recommendations of the two-year Integrated Delivery System planning process; 2) Create an Office of Managed Care to manage the accelerating transition to a managed care rather than fee-for-service environment; 3) Develop information technology and business intelligence infrastructure that is commonplace in modern healthcare organizations for evidence-based clinical and financial decision making.
- ***Focus on programs that leverage non-General Fund dollars. DPH has been emphasizing increased Medi-Cal and other revenue efforts for several years.*** Financial pressure will continue to grow to focus on programs that have funding sources in addition to General Fund, or that directly support cost reduction and revenue generation within the DPH network. This budget continues the past strategy of focusing on unmatched General Fund programs to minimize service reductions. This is done through a combination of direct reductions, use of RFPs to restructure service delivery, and reprogramming of operations to reduce cost and maximize revenues.
- ***Redirect resources to meet outcome-based funding requirements.*** DPH is increasingly required to meet performance milestones to continue to receive State and Federal dollars. Under the DSRIP program in the 1115 Medicaid waiver, the department has over \$80 million per year tied to specific performance measures. It is clear that this trend will continue and grow in the future. As a result, DPH must shift resources to ensure it meets funding requirements. Consequently, the proposed budget redirects resources to meet funding milestones such as improving access to primary and specialty care.

Compared to many of our peers, DPH is very well positioned to meet the challenges of the coming years, and we should remain optimistic about our future. Our experience implementing Healthy San Francisco, for example, gives us years of experience in primary care-focused patient care that many public systems lack. Nonetheless, we know that much will change in the near future, and we will need to be prepared to make sometimes difficult decisions to adapt successfully to our new environment. This budget confronts some very difficult choices, but we know that staying with the status quo is not an option that serves our patients or our city well in the long run. We look forward to continuing to work closely with the Commission and our community partners on this budget over the coming months.

Division	Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
REVENUES											
PHP	A1	TB Control and Prevention Services - Maintain Core Services	0.00	346,296		346,296	0.00	476,981		476,981	The DPH TB Control Program's Federal Center for Disease Control (CDC) funding was reduced in FY 12-13. The TB Program is utilizing one time savings to cover expenditures in the current year, but will require additional general fund to support current activities to control TB outbreaks and maintain current TB program core functions including: direct clinical services, evaluation of referrals of TB suspects and high risk infected individuals, and maintaining city mandated TB screening in homeless shelters.
SFGH	A2	Increase Occupational Health Workorder Recovery	0.00	88,697	705,510	(616,813)	-	92,806	705,510	(612,704)	The Occupational Health Services Dept at San Francisco General Hospital provides medical and occupation related health services through workorder agreements with City and County Departments. Rates charged to City Departments have seen only modest increases three times in 15 years despite increasing costs. The Department is proposing rate increases to fully cover direct expense for services provided but are equal to or below rates charged by area hospitals for similar services.
PH	A3	DPH Baseline Revenue	3.08	3,163,473	7,269,178	(4,105,705)	4.00	1,428,915	7,534,104	(6,105,189)	Changes to DPH Baseline Patient Revenues for SFGH, LHH and CBHS. Includes program expenditures for Delivery System Reform Incentive Pool (DSRIP) Category V HIV Transition Project to provide access to coordinated, integrated care to patients diagnosed with HIV who previously received care under programs funded by the Ryan White HIV/AIDS Treatment extension act of 2009. Additional program expenditures for related ITG's and Human Services Agency workorder for IHS5 workers.
	A4	Environmental Health Services Fees	1.73	458,521	458,521	0	2.25	458,521	458,521	0	Annual and legislated increases in Environmental Services inspection fees to cover related program expenditures.
TOTAL REVENUE			4.81	4,056,987	8,433,209	(4,376,222)	6.25	2,457,223	8,698,135	(6,240,912)	
REDUCTIONS/SAVINGS PROPOSALS										0	

		Change	Incr/(Decr)	Revenues Incr/(Decr)	13-14 Net GF Cost/ (Savings)	FTE Change	14-15 Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment	
SFGH	B1	Reprogramming of Behavioral Health Center	(36.79)	(6,731,713)	(2,160,844)	(4,570,869)	(50.40)	(11,141,360)	(2,983,272)	(8,158,088)	Proposed programming changes at the Behavioral Health Center to maximize use of the BHC and strengthen its role in the system of care. Adding bed types that are in short supply allows DPH patients to be placed more quickly in the appropriate level of care and improves patient flow within the DPH network.
CP	B2	Community Programs Across the Board Reduction to CBO Contracts		(5,043,757)	-	(5,043,757)	(7,312,104)	-	(7,312,104)	As part of its plan to address the Department's funding shortfalls, a total of \$7,312,104 will be reduced from contractual services funding by implementing an across-the-board reduction to unmatched General Fund dollars, (i.e. General Fund dollars that aren't used to draw down additional State or Federal revenues).	
CP	B3	14-15 Community Programs Request for Proposal Process (RFP)					(8,843,948)		(8,843,948)	Through an RFP process, the Department will realign its contractual services to meet one or more of the following objectives: Essential services to meeting the Affordable Care Act (ACA) milestones; Services reimbursable under ACA; Services that directly help Hospital Discharge, and Services that support population health.	
DPH All	B4	DPH One-Time Prior Year Savings		(2,400,000)	-	(2,400,000)			-	0	DPH fiscal staff will begin the process of reviewing prior year project accounts and close out any unnecessary fund balances. The Department expects to have savings of about \$2.4 million which can be returned to the general fund.
LHH	B5	LHH Transition Project Savings		(776,449)		(776,449)	(535,065)			(535,065)	One time LHH Transition Project savings spread over two years which will also offset additional ongoing infrastructure positions.
CP	B6	Redwood Center Savings		(400,000)	-	(400,000)	(400,000)		-	(400,000)	The Redwood Center site was closed in FY09-10 for renovations. The Department of Public Health terminated the renovation process in early FY12-13 because of the financial and operational challenges posed by the remote site. Additionally, the site's designation as "historical" created limits to achieving the desired improvements. A portion of the operating costs budgeted for Redwood will be redirect to other programs and \$400,000 will be used to reduce general fund support.

Division	Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
CP	B7	HIV Administrative Savings	(3.24)	(422,352)		(422,352)	(4.00)	(513,780)		(513,780)	The Department has identified proposed administrative savings equal to \$422,352 in FY13-14, and an annualized amount of \$513,780 in FY14-15. An amount of \$102,075 represents contractual savings from the Native American AIDS Project (NAAP) which closed in December, 2012 at its own discretion. At that time, all clients were transitioned to existing programs. Additionally, 4.0 FTE administrative positions have been proposed to be deleted.
TOTAL REDUCTIONS			(40.03)	(15,774,271)	(2,160,844)	(13,613,427)	(54.40)	(28,746,257)	(2,983,272)	(25,762,985)	
INFLATIONARY											
DPH All	C1	DPH Pharmaceutical and Materials and Supplies Inflation	0.00	1,178,580	-	1,178,580	-	3,516,288	-	3,516,288	Annual request for increased expenditure authority related to materials and supplies. Pharmaceuticals continue to be the primary treatment modality for the prevention, mitigation or cure of disease. Drug therapy cost increases have exceeded the inflationary rate for other goods and services for the past decade, and increases in the utilization of novel therapeutic agents are expected to continue into year 2013/14 and 2014/15. Higher food costs have resulted from increased gas prices and the severe nation-wide drought last summer. Laundry and linen costs will rise by 2.5% as there has been no COLA adjustment since 2011.
SFGH	C2	Mandated Salary and Fringe Increases for UCSF Affiliation Agreement	0.00	5,375,168	-	5,375,168	-	11,070,812	-	11,070,812	This request is to fund the projected increase to Faculty, Staff and Interns & Resident salaries and benefits under the UCSF/SFGH Affiliation Agreement. The, faculty, staff and interns & residents working at SFGH through the UCSF Affiliation Agreement are essential to the operation of the hospital. UCSF is contractually obligated to implement salary and benefit increases for staff in accordance with negotiated employment agreements (MOU's.)



Division	Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
HUH	C3	Annual Rent Increase for Direct Access to Housing (DAH) Master Leases and Rent Subsidies and 3rd party rent payment	0.00	150,000	-	150,000	-	694,683	-	694,683	Through an integrated housing and healthcare approach, DAH provides high-quality housing for homeless persons who have been living on the streets, individuals revolving through costly emergency care settings, and Health Department clients exiting higher levels of care. The master lease sites incur annual rent increases as required by their lease agreements. The non-profit owned housing sites incur annual operating subsidy increases as required by their City contracts. Therefore, the Department is obligated to fund the proposed increases to adhere to these agreements.
	C4	Healthcare Data Exchange System (HDX)		810,000		810,000		810,000		810,000	The Siemens Healthcare Data Exchange (HDX) system is the application utilized by DPH Hospitals and Clinics for On-line Eligibility verification for Medicaid, Medicare, Healthy San Francisco, San Francisco Health Plan and Third Party Payors. This Program change will increase the annual contracted system usage fees in order to provide a fixed monthly and annual fee for the service in anticipation of significant eligibility transaction increases related to Healthcare Reform implementation.
TOTAL INFLATIONARY			0.00	7,513,748	-	7,513,748	-0.00	16,091,783	-	16,091,783	
REGULATORY											
SFGH	D1	Emergency Department (ED) Clinical Decision Unit (CDU)	12.47	2,977,214	-	2,977,214	16.20	3,753,826	-	3,753,826	To establish a dedicated Observations/Clinical Decision Unit to remedy regulatory non-compliance of unmonitored patients on gurneys in the hallways of the ED. This will also free beds in the ED for additional patients, reduce the leave without being seen (LWBS) rate, and allow more precise, quality of care.
SFGH	D2	Regulatory Changes to Pharmacy	3.08	830,238	-	830,238	4.00	974,712	-	974,712	Program changes required for regulatory compliance with Federal 340B pharmaceutical discount pricing. \$4M in 340B drug cost savings at risk. In addition, regulatory enforcement has determined that we can no longer procure pharmaceuticals for non FQHC clinics through 340B and we will need to provide alternatives.

7.6

Division	Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
DPH All	D3	Electronic Health Record (EHR) Meaningful Use (MU), & Virtual Desktop Interface/Infrastructure (VDI)	7.00	6,862,681	-	6,862,681	14.00	4,780,988	-	4,780,988	Program Funding for ongoing development of Electronic Health Records and related Centers for Medicare & Medicaid Services (CMS) MU Incentive Program compliance efforts, transition to ICD-10 (International Statistical Classification of Diseases and Related Health Problems) and Virtual Desktop Interface (VDI).
SFGH	D4	Neurosurgery Attending	0.00	347,200	-	347,200	-	363,384	-	363,384	To fund regulatory compliance staffing required for Level-One Trauma Accreditation. Additional .58 FTE attending time will consist of Medical Director, eReferral Reviewer, and clinical time. As a result, there will be 2 additional clinical sessions/week; thus, increasing annual visits by 440/year.
SFGH	D5	Anesthesia Tech		204,330		204,330		213,488	-	213,488	This program funds mandatory staffing required to meet regulatory compliance as articulated by The Joint Commission in the last accreditation survey of the hospital.
	TOTAL REGULATORY		22.55	11,221,663	-	11,221,663	34.20	10,086,398	-	10,086,398	
	BUDGET NEUTRAL										
CP	E1	Children, Youth and Family Services Enhancement	5.39	3,636,713	3,636,713	0	12.78	3,636,173	3,636,173	0	In FY12-13 the State realigned mental health funding, and included an increase to support services related to a State settlement (Katie A), requiring a specific array and level of behavioral health services for children in foster care, or at risk of out-of-home placements. The proposed funding reflects the actual State Realignment increase to support these services (\$1m), plus an equivalent increase in Federal Short Doyle MediCal.
CP	E2	Substance Abuse 2011 Realignment	3.08	2,316,079	2,316,079	0	4.00	2,316,079	2,316,079	0	In FY12-13 the State realigned substance abuse funding. The proposed funding reflects the allocation increase, including funding for Drug MediCal services. Additionally, \$540k will be used to support eligible services currently funded by City General Fund monies, \$430k will be used to support current substance abuse medication funding levels, \$460k will be used to fund four substance abuse counselors to work in Children's behavioral health clinics and COPC clinics, and the balance of funding will be used to support misc. services, including backfilling prior year State reductions and a Vivitrol evaluation pilot started in FY12-13.

Division	Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
		TOTAL REVENUE NEUTRAL	8.47	5,952,792	5,952,792	0	16.78	5,952,252	5,952,252	0	
		EMERGING NEEDS									
DPH	F1	Investments fo Healthcare Reform	15.16	1,156,452	603,062	553,390	29.00	2,341,159	819,789	1,521,370	Healthcare reform will transition the healthcare industry from a volume based payment system to a value based payment system. In order to effectively manage costs, maintain revenues and provide quality care, DPH must make significant investments in its infrastructure to ensure that it minimizes its exposure to financial risks. In FY 13-15, DPH will focus on the following areas: Managed Care, Integrated Delivery System and Regulatory Reporting and Support for Federal and State Programs.
COPC/ CBHS	F2	Establish Clinic Managers In CBHS and COPC Clinics	2.00	247,758	-	247,758	6.00	889,355	-	889,355	Phase-in of COPC and CBHS clinic managers to strengthen administrative capacity and ensure that each COPC and CBHS clinic is able to respond to its changing requirements and treatment models efficiently and effectively on an ongoing basis.
COPC	F3	Establish Weekend/Evening Clinics to Maximize Access	1.75	253,288	-	253,288	3.50	532,246	-	532,246	Increase access to primary care with weekend and evening clinics through staffing expansion.
CP	F4	Young Black Women Health Initiative	0.77	76,468	-	76,468	1.00	103,587	-	103,587	This is a pilot initiative intended to improve the health of African American women before pregnancy, and reduce disparities in pregnancy and birth outcomes through improved access to high quality pre-conception health care for women of reproductive age.
SFGH	F5	MD Access Initiative	0.50	1,247,916	-	1,247,916	1.00	1,451,451	-	1,451,451	In recent years, increased demand stemming from Healthy San Francisco, the economic downturn, the need to keep capitated Seniors and Persons with Disabilities (SPDs) In-network, and the external regulatory mandates regarding wait-times for ambulatory services, have significantly impacted specialty services at SFGH. This initiative will address issues of capacity, access and wait-times in the ambulatory arena.
SFGH	F6	UCSF Affiliation Agreement Services	0.15	527,149	-	527,149	0.20	638,851	-	638,851	UCSF Affiliation Agreement services necessary for SFGH to address the health needs of San Franciscans, with a special emphasis and commitment to serving the City's most vulnerable, diverse populations. Urgent Care Cardiology, IM GMC Medical Director , HIV Hep Co-Infection Clinic Ward86, 4M Eye Clinic, Audiology, and Sleep Study.

Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/(Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/(Savings)	Comment
SFGH (UC)	F7 Orthotics and Prosthetics M/Cal SPD and SFPATH	0.00	453,200	-	453,200	0.00	453,200	-	453,200	To fund increased Orthotic and Prosthetics medical supply costs for M/Cal Managed Care SPD's and SFPATH.
LHH	F8 Clinical Pharmacist Clinics	0.50	117,952	182,823	(64,871)	1.00	233,533	191,964	41,569	This program will serve as an anticoagulation clinic for residents receiving warfarin to reduce medication complications and inpatient hospitalization by implementing a systematic process of medical therapy management services. This program will also include a transition clinic for residents who are being discharged to independent living. This will impact 40-50 clinic visits per week for the pharmacist-run anticoagulation services and 10 clinic visits per week for the transition clinic.
LHH	F9 LHH Neurobehavioral Health	12.55	1,630,707	-	1,630,707	16.00	2,120,925	-	2,120,925	The LHH neurobehavioral day program will create a structured therapeutic day program for cognitively impaired SNF residents with complex behavioral symptoms. Residents will be receive activities and programming utilizing LHH community space such as the farm, wellness center, art studio and wellness center, for structured activity. The goal is to provide meaningful activity designed to promote resident success and enhance the skills of the staff.
PH	F10 Sexual Reassignment Surgery	-	300,000	-	300,000	-	500,000	-	500,000	Funding for a new program to provide certain specified sexual reassignment (SRS) services to eligible uninsured transgender adults.
	TOTAL EMERGING NEEDS	33.38	6,010,890	785,885	5,225,005	56.70	9,264,307	1,011,753	8,252,554	
	TOTAL ALL PROPOSED INITIATIVES	29.18	18,981,810	13,011,042	5,970,767	59.53	15,105,706	12,678,868	2,426,838	
	Structural Requests									
LHH, SFGH, COPC, LHH	G1 Porters	6.16	518,355	-	518,355	8.00	702,700	-	702,700	Adequate Porter staffing is needed to meet regulatory requirements, to facilitate patient flow and to ensure a clean and safe environment for our staff and patients. The current budgeted staffing levels are not adequate to meet the needs at SFGH, LHH, COPC and Jail Health. Adding these permanent positions to the budget also addresses Collective Bargaining concerns around using as needed staff for permanent work as well as addresses structural funding issues around growing as needed salary costs.

Division	Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
SFGH	G2	SFGH Nursing Services	8.40	1,643,738	-	1,643,738	11.50	2,356,894	-	2,356,894	Permanent RN positions to replace the equivalent use of P103 in the Operating Room for scheduled operating room hours and related backfill. Permanent RN Positions to replace the equivalent amount of P103 being utilized in the Urgent Care Center for baseline Scope of Services - This addition to the budget would also address SFGH salary budget structural issues and Collective Bargaining concerns around utilizing as needed staffing for permanent work.
SFGH	G3	Patient Care Assistants -- Patient Care and Patient Safety	18.40	1,566,944	-	1,566,944	25.20	2,191,919	-	2,191,919	Permanent PCA Positions to replace the Equivalent use of the as-needed / registry Patient Care Assistants. It is apparent that the need for the pool is constant and is consistent with the volume of patients requiring coaches and close observations. Nearly all employees in these registry and as-needed positions already work 36 hours/week, equal to the hours the 0.9 FTE permanent staff work. It is therefore more administratively efficient and cost-effective to increase and hire permanent positions. This would also address SFGH's salary and contract structural issues and Collective Bargaining concerns of utilizing temp staff for permanent work.
LHH	G4	LHH Escort Team	5.39	419,163	-	419,163	7.00	562,825	-	562,825	LHH cares for residents with complex medical issues, chronic illnesses, and cognitive impairments. 70% of the residents are in need of escort services to clinic appointments at SFGH or other sites. A creation of an escort team can deploy designated staff to assist these residents with off site clinic appointments and registration.
LHH	G5	LHH Coach Team	13.86	1,119,265	-	1,119,265	18.00	1,565,622	-	1,565,622	58% of the LHH residents have some type of dementia or cognitive impairments. Some with manifested safety risk behaviors would require one-on-one care. By establishing a coach team the staff would be able to provide more customized support for those at risk residents.
PHI	G6	Public Health Operations Structural Funding	1.27	307,489	-	307,489	2.00	454,208	-	454,208	The program request is to fund key Infrastructure positions for the Population Health Division to support reorganization and integration efforts in health protection, health promotion, disease prevention and disaster preparedness.



Description		13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
DPH	G7		0		0		9,812,270		9,812,270	DPH will continue to work with the Mayor's Office to identify specific structural fixes to the DPH Budget (i.e LHH materials and supplies and attrition and other special salary costs at the hospitals. No write up is available.
TOTAL STRUCTURAL CHANGES		53.48	5,574,954	-	5,574,954	71.70	17,646,438	-	17,646,438	

7.11



2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input checked="" type="checkbox"/> Public Health | <input type="checkbox"/> DPH - Department Wide |

PROGRAM / INITIATIVE TITLE: TB Control and Prevention Services - Maintain Core Services

TARGETED CLIENTS:

PROGRAM CONTACT NAME/PHONE:

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
		346,296	476,981

PROGRAM DESCRIPTION: (Brief description of Program Change)

General funds to support and maintain current TB program core functions including: direct clinical services related to the care of active TB patients, evaluation of referrals as a specialty clinic for the San Francisco community of TB suspects and high risk infected individuals, and maintaining city mandated TB screening in homeless shelters. Direct federal funding to the TB section is undergoing a realignment that is entirely morbidity driven. This will result in a two-thirds reduction in federal funding to the program from 2009-2013. By 2015, direct federal funding will account for roughly 20% of our TB program operating costs (down from 40% in 2005). Necessarily, funding from federal sources will be used to support public health program functions (i.e., surveillance and contact investigation, legal enforcement, program evaluation) but no longer fund direct clinical services.

JUSTIFICATION:

If the proposed budget initiative is not funded, the TB program will need to significantly reduce clinical services by June 30, 2013. Numbers of active cases have increased in 2010 and are projected to increase again in 2012. This recent rise in TB cases reflects our reduced capacity to respond to a cluster of TB in a SRO hotel and the reduction in ability to locate TB suspects in the community. Further reductions in staffing at this time will seriously impact control of TB in San Francisco.

IMP

ACT ON CLIENTS: (unit of service and/or number of clients affected)

In the absence of additional funding, the TB program will reduce services by a minimum of 25%. In FY 2011-12, the TB clinic provided 26,881 services encounters to 5,677 unduplicated clients. In absence of additional funding, the TB program must reduce 25% of its efforts, resulting in the elimination of approximately 7,000 service encounters per year. The TB program would eliminate the majority of its preventive services. This will have a direct impact on the transmission of active TB in the community at large.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$346,293 in FY1314 and by \$476,981 in FY1415

IMPACT ON DEPARTMENT'S WORKFORCE :

N/A



INITIATIVE TITLE: TB Control and Prevention Services - Maintain Core Services

Description		FY 2013-14	FY 2014-15
Sources:			
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 346,296	\$ 476,981
Subtotal Uses		\$ 346,296	\$ 476,981
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 346,296	\$ 476,981
Total FTE's		0.00	0.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
1635	Health Care Billing Clerk I (exisiting position)	0.00	\$ 44,571	0.00	\$ 53,907
2587	Health Worker III (existing position)	0.00	\$ 63,839	0.00	\$ 64,927
2908	Hospital Eligibility Worker (exisiting position)	0.00	\$ 21,225	0.00	\$ 21,586
1022	IS Administrator II (exisiting position)	0.00	\$ 24,266	0.00	\$ 82,162
2803	Epidemiologist II (exisiting position)	0.00	\$ 49,141	0.00	\$ 59,694
2320	Registered Nurse (exisiting position)	0.00	\$ 29,018	0.00	\$ 29,666
Total Salary		0.00	232,060	0.00	311,942
Fringe			114,236		165,039
Total Salary and Fringe		0.00	\$ 346,296	0.00	\$ 476,981

Operating Expenses

Index Code Character/Subobject Code

\$ - \$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)



Initiative Number A2

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: Increase Occupational Health Workorder Recovery

TARGETED CLIENTS: Departments of the City and County of San Francisco

PROGRAM CONTACT NAME/PHONE: Maggie Rykowski, 206-4294

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	(\$616,813)	(\$612,704)

PROGRAM DESCRIPTION: (Brief description of Program Change)

SFGH Occupational Health Services (OHS) provides services to 25 CCSF Departments. Services include, but are not limited to: medical clearance exams, fitness for duty evaluations, hearing conservation, inoculations, and urine toxicology evaluations. The rates currently charged are insufficient to cover the cost of the program, and an additional general fund subsidy is required. In FY11-12, OHS provided approximately 12,000 units of services to CCSF Departments. SFGH has proposed to update the rates it charges to City Departments as well as increase the projected units of service based on prior year actuals in order to fully recover the direct costs of maintaining this program.

JUSTIFICATION:

Rates charged to City Departments for these services have seen only modest increases three times in 15 years despite increasing costs. Rates were last increased in FY1112 by a modest amount (increased revenues by \$100,000) in order to cover new costs associated with a computer system upgrade. Before the FY11.12 increase, rates were last increased in FY0607. Additionally, the Department has requested that other City Departments budget requesting workorders to reflect actual units of service so that SFGH is able to budget matching recoveries as the City Controller requires performing and requesting workorders to balance.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

OHS provides over 12,000 units of services to CCSF Departments annually.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

SFGH projects that the net GF impact for the City to be (\$616,813) in FY1314 and (\$612,704) in FY1415.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be no impact SFGH workforce.



INITIATIVE TITLE: Increase Occupational Health Work Order Recovery

Description		FY 2013-14 (12 months)	FY 2014-15 (12 months)
Sources:			
	Proposed Increased Recovery (non-GF depts)	705,510	705,510 0
	Subtotal Sources	705,510	705,510
Uses:			
	Salary and Benefits	88,697	92,806
	Operating Expense		
	Subtotal Uses	88,697	92,806
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		(616,813)	(612,704)
Total FTE's		0.00	0.00

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2312		(0.60)	(43,245)	(0.60)	(43,810)
2320		0.60	83,233	0.60	84,771
2430		(0.34)	(20,352)	(0.34)	(20,618)
2320		0.34	47,165	0.34	48,030
	Total Salary	0.00	66,801	0.00	68,373
	Fringe		21,896		24,433
	Total Salary and Fringe	0.00	88,697	0.00	92,806

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each item by count and amount)





City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

President Melara and Members of the Health Commission:

Attached is the Department's of Public Health's proposed budget for FY 13-14 and FY 14-15.

As you know, the Department is facing a number of significant financial pressures:

- A historical structural deficit in personnel costs, which has grown over time
- Operating cost inflation of approximately \$50 million year as employee benefits, medical supplies, and contract costs grow faster than departmental revenues
- Continued reductions in State and Federal funding
- Anticipated costs for non-bond-eligible expenses associated with the new San Francisco General Hospital building

In the current year, as a result of these factors, DPH faces a \$31 million deficit. Projections in the Mayor's proposed Five-Year Financial Plan show that if DPH does not change course it will require an additional \$291 million from the City's General Fund by 2018. Moreover, DPH requires new investments in critical organizational infrastructure to prepare for the coming changes in health care, including implementation of the Affordable Care Act, new reimbursement models based on measurable outcomes, and an accelerating transition to a managed care financial model.

Over the past several years, DPH has grappled with reductions to meet its share of the large citywide budget deficits driven by the economic downturn. Now, while the City still faces a sizable General Fund deficit and DPH still must do its share, the City's financial outlook has stabilized and improved compared to the worst years of the downturn. The FY 13-14 and 14-15 budget presents a new kind of challenge. Once again DPH faces very difficult decisions, including substantial reductions. But this year, our challenges are driven less by the City's financial picture, and more by the internal imperative to create a sound financial footing for the years to come.

As a result, in the attached budget, the department must propose redirecting funding from existing programs to make critical investments in the department's future. These are not easy decisions, but through the department's Five-Year Financial Planning effort over the last eighteen months, it has become apparent they are necessary. If we don't make these difficult decisions today, we risk undermining our financial ability to sustain an adequate future safety net for those most in need.

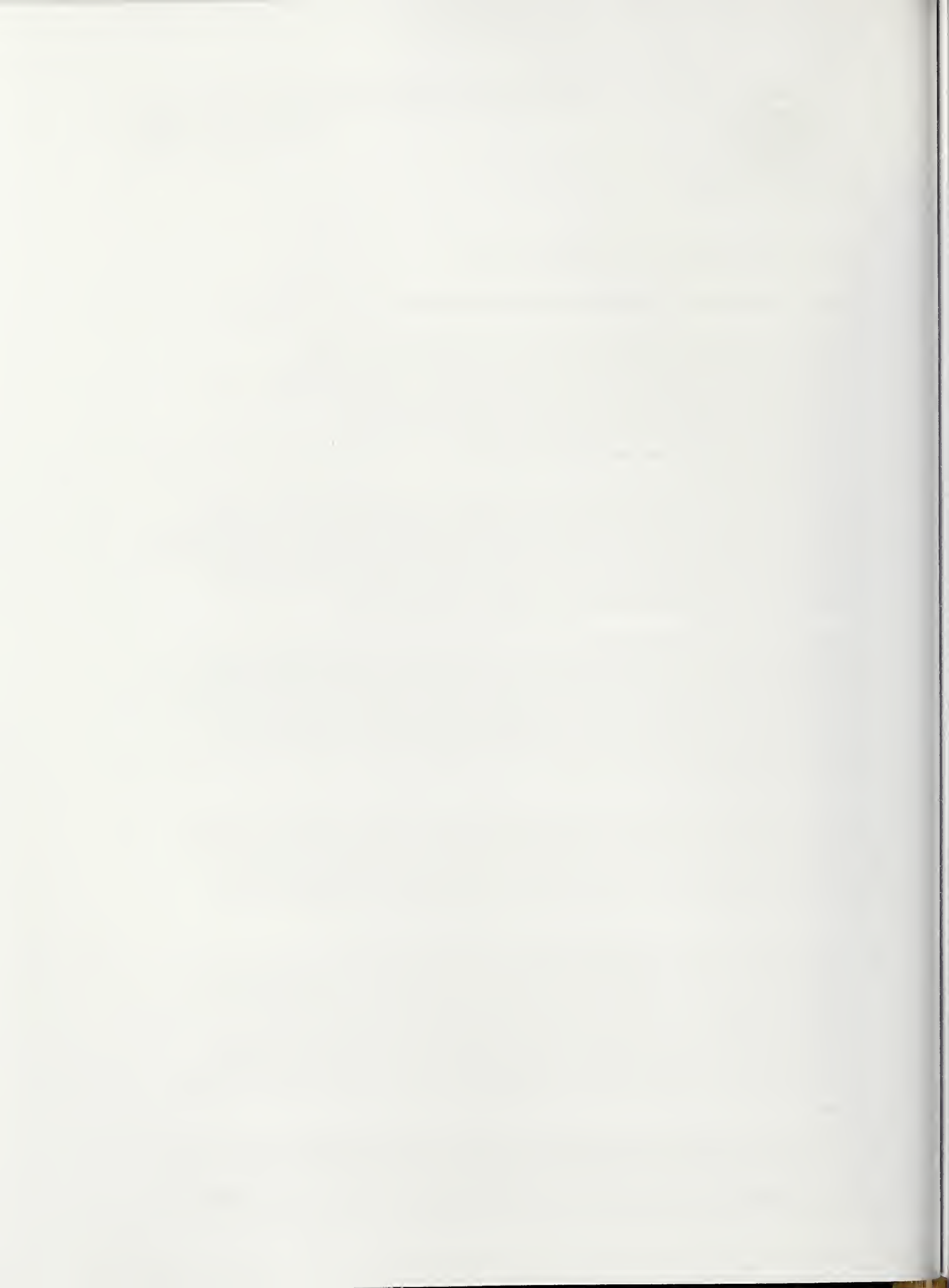
The proposed FY 13-14 and 14-15 budget emphasizes the following strategies:

- **Focus on internal efficiency and streamlining.** Over the last two years, DPH has: undertaken the Integrated Delivery System planning process; begun a major consultant engagement focused on creation of a managed care office and health care reform preparedness; reorganized and integrated its Public Health Division; restructured its IT organization based on a study of best practices; restructured purchasing and contracting systems; created a new capital programs management structure to ensure the SFGH Rebuild and other projects remain within scope and budget; begun implementation of electronic health records, and worked to integrate primary care and behavioral health.

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all

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- ***Begin to correct the historical “structural” deficit.*** The budget redirects over \$17 million over two fiscal years toward this purpose. For years, the department’s salary and benefit budget has been substantially below its actual staffing levels. This imbalance has grown over the last several years with personnel cost inflation and as the department used revenue growth and expenditure reductions to reduce General Fund support, rather than correcting the structural problem. In the current year, the imbalance has grown to over \$45 million. The department cannot continue to operate under large, perpetual deficits.
- ***Invest in organizational infrastructure needed to succeed in the health care environment of the future.*** With the implementation of the Affordable Care Act beginning in FY 13-14, DPH needs to adapt. The budget redirects \$1.5 million in funding to: 1) Implement the recommendations of the two-year Integrated Delivery System planning process; 2) Create an Office of Managed Care to manage the accelerating transition to a managed care rather than fee-for-service environment; 3) Develop information technology and business intelligence infrastructure that is commonplace in modern healthcare organizations for evidence-based clinical and financial decision making.
- ***Focus on programs that leverage non-General Fund dollars. DPH has been emphasizing increased Medi-Cal and other revenue efforts for several years.*** Financial pressure will continue to grow to focus on programs that have funding sources in addition to General Fund, or that directly support cost reduction and revenue generation within the DPH network. This budget continues the past strategy of focusing on unmatched General Fund programs to minimize service reductions. This is done through a combination of direct reductions, use of RFPs to restructure service delivery, and reprogramming of operations to reduce cost and maximize revenues.
- ***Redirect resources to meet outcome-based funding requirements.*** DPH is increasingly required to meet performance milestones to continue to receive State and Federal dollars. Under the DSRIP program in the 1115 Medicaid waiver, the department has over \$80 million per year tied to specific performance measures. It is clear that this trend will continue and grow in the future. As a result, DPH must shift resources to ensure it meets funding requirements. Consequently, the proposed budget redirects resources to meet funding milestones such as improving access to primary and specialty care.

Compared to many of our peers, DPH is very well positioned to meet the challenges of the coming years, and we should remain optimistic about our future. Our experience implementing Healthy San Francisco, for example, gives us years of experience in primary care-focused patient care that many public systems lack. Nonetheless, we know that much will change in the near future, and we will need to be prepared to make sometimes difficult decisions to adapt successfully to our new environment. This budget confronts some very difficult choices, but we know that staying with the status quo is not an option that serves our patients or our city well in the long run. We look forward to continuing to work closely with the Commission and our community partners on this budget over the coming months.

Division	Item	Description	13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
REVENUES											
PHP	A1	TB Control and Prevention Services - Maintain Core Services	0.00	346,296		346,296	0.00	476,981		476,981	The DPH TB Control Program's Federal Center for Disease Control (CDC) funding was reduced in FY 12-13. The TB Program is utilizing one time savings to cover expenditures in the current year, but will require additional general fund to support current activities to control TB outbreaks and maintain current TB program core functions including: direct clinical services, evaluation of referrals of TB suspects and high risk infected individuals, and maintaining city mandated TB screening in homeless shelters.
SFGH	A2	Increase Occupational Health Workorder Recovery	0.00	88,697	705,510	(616,813)	-	92,806	705,510	(612,704)	The Occupational Health Services Dept at San Francisco General Hospital provides medical and occupation related health services through workorder agreements with City and County Departments. Rates charged to City Departments have seen only modest increases three times in 15 years despite increasing costs. The Department is proposing rate increases to fully cover direct expense for services provided but are equal to or below rates charged by area hospitals for similar services.
PH	A3	DPH Baseline Revenue	3.08	3,163,473	7,269,178	(4,105,705)	4.00	1,428,915	7,534,104	(6,105,189)	Changes to DPH Baseline Patient Revenues for SFGH, LHH and CBHS. Includes program expenditures for Delivery System Reform Incentive Pool (DSRIP) Category V HIV Transition Project to provide access to coordinated, integrated care to patients diagnosed with HIV who previously received care under programs funded by the Ryan White HIV/AIDS Treatment extension act of 2009. Additional program expenditures for related ITG's and Human Services Agency workorder for IHSS workers.
	A4	Environmental Health Services Fees	1.73	458,521	458,521	0	2.25	458,521	458,521	0	Annual and legislated increases in Environmental Services inspection fees to cover related program expenditures.
TOTAL REVENUE			4.81	4,056,987	8,433,209	(4,376,222)	6.25	2,457,223	8,698,135	(6,240,912)	
REDUCTIONS/SAVINGS PROPOSALS										0	

		Change	Incr/(Decr)	Revenues Incr/(Decr)	13-14 Net GF Cost/ (Savings)	FTE Change	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment		
SFGH	B1	Reprogramming of Behavioral Health Center	(36,79)	(6,731,713)	(2,160,844)	(4,570,869)	(50,40)	(11,141,360)	(2,983,272)	(8,158,088)	Proposed programming changes at the Behavioral Health Center to maximize use of the BHC and strengthen its role in the system of care. Adding bed types that are in short supply allows DPH patients to be placed more quickly in the appropriate level of care and improves patient flow within the DPH network.
CP	B2	Community Programs Across the Board Reduction to CBO Contracts		(5,043,757)	-	(5,043,757)		(7,312,104)	-	(7,312,104)	As part of its plan to address the Department's funding shortfalls, a total of \$7,312,104 will be reduced from contractual services funding by implementing an across-the-board reduction to unmatched General Fund dollars, (i.e. General Fund dollars that aren't used to draw down additional State or Federal revenues).
CP	B3	14-15 Community Programs Request for Proposal Process (RFP)						(8,843,948)		(8,843,948)	Through an RFP process, the Department will realign its contractual services to meet one or more of the following objectives: Essential services to meeting the Affordable Care Act (ACA) milestones; Services reimbursable under ACA; Services that directly help Hospital Discharge, and Services that support population health.
DPH All	B4	DPH One-Time Prior Year Savings		(2,400,000)	-	(2,400,000)			-	0	DPH fiscal staff will begin the process of reviewing prior year project accounts and close out any unnecessary fund balances. The Department expects to have savings of about \$2.4 million which can be returned to the general fund.
LHH	B5	LHH Transition Project Savings		(776,449)		(776,449)		(535,065)		(535,065)	One time LHH Transition Project savings spread over two years which will also offset additional ongoing Infrastructure positions.
CP	B6	Redwood Center Savings		(400,000)	-	(400,000)		(400,000)	-	(400,000)	The Redwood Center site was closed in FY09-10 for renovations. The Department of Public Health terminated the renovation process in early FY12-13 because of the financial and operational challenges posed by the remote site. Additionally, the site's designation as "historical" created limits to achieving the desired improvements. A portion of the operating costs budgeted for Redwood will be redirect to other programs and \$400,000 will be used to reduce general fund support.

		Change	Incr/(Decr)	Revenues Incr/(Decr)	13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
CP	B7	(3.24)	(422,352)		(422,352)	(4.00)	(513,780)		(513,780)	The Department has identified proposed administrative savings equal to \$422,352 in FY13-14, and an annualized amount of \$513,780 in FY14-15. An amount of \$102,075 represents contractual savings from the Native American AIDS Project (NAAP) which closed in December, 2012 at its own discretion. At that time, all clients were transitioned to existing programs. Additionally, 4.0 FTE administrative positions have been proposed to be deleted.
	TOTAL REDUCTIONS	(40.03)	(15,774,271)	(2,160,844)	(13,613,427)	(54.40)	(28,746,257)	(2,983,272)	(25,762,985)	
	INFLATIONARY									
DPH All	C1	0.00	1,178,580	-	1,178,580	-	3,516,288	-	3,516,288	Annual request for increased expenditure authority related to materials and supplies. Pharmaceuticals continue to be the primary treatment modality for the prevention, mitigation or cure of disease. Drug therapy cost increases have exceeded the inflationary rate for other goods and services for the past decade, and increases in the utilization of novel therapeutic agents are expected to continue into year 2013/14 and 2014/15. Higher food costs have resulted from increased gas prices and the severe nation-wide drought last summer. Laundry and linen costs will rise by 2.5% as there has been no COLA adjustment since 2011.
SFGH	C2	0.00	5,375,168	-	5,375,168	-	11,070,812	-	11,070,812	This request is to fund the projected increase to Faculty, Staff and Interns & Resident salaries and benefits under the UCSF/SFGH Affiliation Agreement. The, faculty, staff and interns & residents working at SFGH through the UCSF Affiliation Agreement are essential to the operation of the hospital. UCSF is contractually obligated to implement salary and benefit increases for staff in accordance with negotiated employment agreements (MOU's.)

		13-14 FTE Change	13-14 expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
HUH	C3	0.00	150,000	-	150,000	-	694,683	-	694,683	Through an integrated housing and healthcare approach, DAH provides high-quality housing for homeless persons who have been living on the streets, individuals revolving through costly emergency care settings, and Health Department clients exiting higher levels of care. The master lease sites incur annual rent increases as required by their lease agreements. The non-profit owned housing sites incur annual operating subsidy increases as required by their City contracts. Therefore, the Department is obligated to fund the proposed increases to adhere to these agreements.
	C4		810,000		810,000		810,000		810,000	The Siemens Healthcare Data Exchange (HDX) system is the application utilized by DPH Hospitals and Clinics for On-line Eligibility verification for Medicaid, Medicare, Healthy San Francisco, San Francisco Health Plan and Third Party Payors. This Program change will increase the annual contracted system usage fees in order to provide a fixed monthly and annual fee for the service in anticipation of significant eligibility transaction increases related to Healthcare Reform implementation.
					0				0	
	TOTAL INFLATIONARY	0.00	7,513,748	-	7,513,748	0.00	16,091,783	-	16,091,783	
REGULATORY										
SFGH	D1	12.47	2,977,214	-	2,977,214	16.20	3,753,826	-	3,753,826	To establish a dedicated Observations/Clinical Decision Unit to remedy regulatory non-compliance of unmonitored patients on gurneys in the hallways of the ED. This will also free beds in the ED for additional patients, reduce the leave without being seen (LWBS) rate, and allow more precise, quality of care.
SFGH	D2	3.08	830,238	-	830,238	4.00	974,712	-	974,712	Program changes required for regulatory compliance with Federal 340B pharmaceutical discount pricing. \$4M in 340B drug cost savings at risk. In addition, regulatory enforcement has determined that we can no longer procure pharmaceuticals for non FQHC clinics through 340B and we will need to provide alternatives.

		Change	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
DPH All	D3 Electronic Health Record (EHR) Meaningful Use (MU), & Virtual Desktop Interface/Infrastructure (VDI)	7.00	6,862,681	6,862,681	14.00	4,780,988	-	4,780,988	Program Funding for ongoing development of Electronic Health Records and related Centers for Medicare & Medicaid Services (CMS) MU Incentive Program compliance efforts, transition to ICD-10 (International Statistical Classification of Diseases and Related Health Problems) and Virtual Desktop Interface (VDI).
SFGH	D4 Neurosurgery Attending	0.00	347,200	347,200	-	363,384	-	363,384	To fund regulatory compliance staffing required for Level-One Trauma Accreditation. Additional .58 FTE attending time will consist of Medical Director; . eReferral Reviewer; and clinical time. As a result, there will be 2 additional clinical sessions/week; thus, increasing annual visits by 440/year.
SFGH	D5 Anesthesia Tech		204,330	204,330		213,488	-	213,488	This program funds mandatory staffing required to meet regulatory compliance as articulated by The Joint Commission in the last accreditation survey of the hospital.
TOTAL REGULATORY		22.55	11,221,663	11,221,663	34.20	10,086,398	-	10,086,398	
BUDGET NEUTRAL									
CP	E1 Children, Youth and Family Services Enhancement	5.39	3,636,713	0	12.78	3,636,173	3,636,173	0	In FY12-13 the State realigned mental health funding, and included an increase to support services related to a State settlement (Katie A), requiring a specific array and level of behavioral health services for children in foster care, or at risk of out-of-home placements. The proposed funding reflects the actual State Realignment increase to support these services (\$1m), plus an equivalent increase in Federal Short Doyle MediCal.
CP	E2 Substance Abuse 2011 Realignment	3.08	2,316,079	0	4.00	2,316,079	2,316,079	0	In FY12-13 the State realigned substance abuse funding. The proposed funding reflects the allocation increase, including funding for Drug MediCal services. Additionally, \$540k will be used to support eligible services currently funded by City General Fund monies, \$430k will be used to support current substance abuse medication funding levels, \$460k will be used to fund four substance abuse counselors to work in Children's behavioral health clinics and COPC clinics, and the balance of funding will be used to support misc. services, including backfilling prior year State reductions and a Vivitrol evaluation pilot started in FY12-13.

		Change	Incr/(Decr)	Revenues Incr/(Decr)	13-14 Net GF Cost/ (Savings)	FTE Change	14-15 Capital Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
		8.47	5,952,792	5,952,792	0	16.78	5,952,252	5,952,252	0	
	TOTAL REVENUE NEUTRAL									
	EMERGING NEEDS									
DPH	F1 Investments to Healthcare Reform	15.16	1,156,452	603,062	553,390	29.00	2,341,159	819,789	1,521,370	Healthcare reform will transition the healthcare industry from a volume based payment system to a value based payment system. In order to effectively manage costs, maintain revenues and provide quality care, DPH must make significant investments in its infrastructure to ensure that it minimizes its exposure to financial risks. In FY 13-15, DPH will focus on the following areas: Managed Care, Integrated Delivery System and Regulatory Reporting and Support for Federal and State Programs.
COPC/ CBHS	F2 Establish Clinic Managers in CBHS and COPC Clinics	2.00	247,758	-	247,758	6.00	889,355	-	889,355	Phase-in of COPC and CBHS clinic managers to strengthen administrative capacity and ensure that each COPC and CBHS clinic is able to respond to its changing requirements and treatment models efficiently and effectively on an ongoing basis.
COPC	F3 Establish Weekend/Evening Clinics to Maximize Access	1.75	253,288	-	253,288	3.50	532,246	-	532,246	Increase access to primary care with weekend and evening clinics through staffing expansion.
CP	F4 Young Black Women Health Initiative	0.77	76,468	-	76,468	1.00	103,587	-	103,587	This is a pilot initiative intended to improve the health of African American women before pregnancy, and reduce disparities in pregnancy and birth outcomes through improved access to high quality pre-conception health care for women of reproductive age.
SFGH	F5 MD Access Initiative	0.50	1,247,916	-	1,247,916	1.00	1,451,451	-	1,451,451	In recent years, increased demand stemming from Healthy San Francisco, the economic downturn, the need to keep capitated Seniors and Persons with Disabilities (SPDs) in-network, and the external regulatory mandates regarding wait-times for ambulatory services, have significantly impacted specialty services at SFGH. This initiative will address issues of capacity, access and wait-times in the ambulatory arena.
SFGH	F6 UCSF Affiliation Agreement Services	0.15	527,149	-	527,149	0.20	638,851	-	638,851	UCSF Affiliation Agreement services necessary for SFGH to address the health needs of San Franciscans, with a special emphasis and commitment to serving the City's most vulnerable, diverse populations. Urgent Care Cardiology, 1M GMC Medical Director, HIV Hep Co-Infection Clinic Ward86, 4M eye Clinic, Audiology, and Sleep Study.

		13-14 FTE Change	13-14 Expend Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expend Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
SFGH (UC)	F7	Orthotics and Prosthetics M/Cal SPD and SFPATH	0.00	453,200	-	0.00	453,200	-	453,200	To fund increased Orthotic and Prosthetics medical supply costs for M/Cal Managed Care SPD's and SFPATH.
LHH	F8	Clinical Pharmacist Clinics	0.50	117,952	182,823	1.00	233,533	191,964	41,569	This program will serve as an anticoagulation clinic for residents receiving warfarin to reduce medication complications and inpatient hospitalization by implementing a systematic process of medical therapy management services. This program will also include a transition clinic for residents who are being discharged to independent living. This will impact 40-50 clinic visits per week for the pharmacist-run anticoagulation services and 10 clinic visits per week for the transition clinic.
LHH	F9	LHH Neurobehavioral Health	12.55	1,630,707	-	16.00	2,120,925	-	2,120,925	The LHH neurobehavioral day program will create a structured therapeutic day program for cognitively impaired SNF residents with complex behavioral symptoms. Residents will be receive activities and programming utilizing LHH community space such as the farm, wellness center, art studio and wellness center, for structured activity. The goal is to provide meaningful activity designed to promote resident success and enhance the skills of the staff.
PH	F10	Sexual Reassignment Surgery	-	300,000	-	-	500,000	-	500,000	Funding for a new program to provide certain specified sexual reassignment (SRS) services to eligible uninsured transgender adults.
		TOTAL EMERGING NEEDS	33.38	6,010,890	785,885	56.70	9,254,307	1,011,753	8,252,554	
		TOTAL ALL PROPOSED INITIATIVES	29.18	18,981,810	13,011,042	59.53	15,105,706	12,678,868	2,426,838	
		Structural Requests								
LHH, SFGH, COPC, LHH	G1	Porters	6.16	518,355	-	8.00	702,700	-	702,700	Adequate Porter staffing is needed to meet regulatory requirements, to facilitate patient flow and to ensure a clean and safe environment for our staff and patients. The current budgeted staffing levels are not adequate to meet the needs at SFGH, LHH, COPC and Jail Health. Adding these permanent positions to the budget also addresses Collective Bargaining concerns around using as needed staff for permanent work as well as addresses structural funding issues around growing as needed salary costs

			13-14 FTE Change	13-14 Expense Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	14-15 FTE Change	14-15 Expense Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
SFGH	G2	SFGH Nursing Services	8.40	1,643,738	-	1,643,738	11.50	2,356,894	-	2,356,894	Permanent RN positions to replace the equivalent use of P103 in the Operating Room for scheduled operating room hours and related backfill. Permanent RN Positions to replace the equivalent amount of P103 being utilized in the Urgent Care Center for baseline Scope of Services - This addition to the budget would also address SFGH salary budget structural issues and Collective Bargaining concerns around utilizing as needed staffing for permanent work.
SFGH	G3	Patient Care Assistants -- Patient Care and Patient Safety	18.40	1,566,944	-	1,566,944	25.20	2,191,919	-	2,191,919	Permanent PCA Positions to replace the Equivalent use of the as-needed / registry Patient Care Assistants. It is apparent that the need for the pool is constant and is consistent with the volume of patients requiring coaches and close observations. Nearly all employees in these registry and as-needed positions already work 36 hours/week, equal to the hours the 0.9 FTE permanent staff work. It is therefore more administratively efficient and cost-effective to increase and hire permanent positions. This would also address SFGH's salary and contract structural issues and Collective Bargaining concerns of utilizing temp staff for permanent work.
LHH	G4	LHH Escort Team	5.39	419,163	-	419,163	7.00	562,825	-	562,825	LHH cares for residents with complex medical issues, chronic illnesses, and cognitive impairments. 70% of the residents are in need of escort services to clinic appointments at SFGH or other sites. A creation of an escort team can deploy designated staff to assist these residents with off site clinic appointments and registration.
LHH	G5	LHH Coach Team	13.86	1,119,265	-	1,119,265	18.00	1,565,622	-	1,565,622	58% of the LHH residents have some type of dementia or cognitive impairments. Some with manifested safety risk behaviors would require one-on-one care. By establishing a coach team the staff would be able to provide more customized support for those at risk residents.
PHI	G6	Public Health Operations Structural Funding	1.27	307,489	-	307,489	2.00	454,208	-	454,208	The program request is to fund key infrastructure positions for the Population Health Division to support reorganization and integration efforts in health protection, health promotion, disease prevention and disaster preparedness.

Description		Change	13-14 Expense Incr/(Decr)	13-14 Revenues Incr/(Decr)	Dept Proposed 13-14 Net GF Cost/ (Savings)	FTE Change	14-15 Expense Incr/(Decr)	14-15 Revenues Incr/(Decr)	Dept Proposed 14-15 Net GF Cost/ (Savings)	Comment
DPH	G7	Premium Pay, Holiday Pay, and Salary Savings. LHH Materials and Supplies Structural Fix	0	0	0		9,812,270		9,812,270	DPH will continue to work with the Mayor's Office to identify specific structural fixes to the DPH Budget (i.e. LHH materials and supplies and attrition and other special salary costs at the hospitals. No write up is available.
TOTAL STRUCTURAL CHANGES		53.48	5,574,954	-	5,574,954	71.70	17,646,438	-	17,646,438	

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input checked="" type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **TB Control and Prevention Services - Maintain Core Services**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/PHONE:

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
		346,296	476,981

PROGRAM DESCRIPTION: (Brief description of Program Change)

General funds to support and maintain current TB program core functions including: direct clinical services related to the care of active TB patients, evaluation of referrals as a specialty clinic for the San Francisco community of TB suspects and high risk infected individuals, and maintaining city mandated TB screening in homeless shelters. Direct federal funding to the TB section is undergoing a realignment that is entirely morbidity driven. This will result in a two-thirds reduction in federal funding to the program from 2009-2013. By 2015, direct federal funding will account for roughly 20% of our TB program operating costs (down from 40% in 2005). Necessarily, funding from federal sources will be used to support public health program functions (i.e., surveillance and contact investigation, legal enforcement, program evaluation) but no longer fund direct clinical services.

JUSTIFICATION:

If the proposed budget initiative is not funded, the TB program will need to significantly reduce clinical services by June 30, 2013. Numbers of active cases have increased in 2010 and are projected to increase again in 2012. This recent rise in TB cases reflects our reduced capacity to respond to a cluster of TB in a SRO hotel and the reduction in ability to locate TB suspects in the community. Further reductions in staffing at this time will seriously impact control of TB in San Francisco.

IMP

ACT ON CLIENTS: (unit of service and/or number of clients affected)

In the absence of additional funding, the TB program will reduce services by a minimum of 25%. In FY 2011-12, the TB clinic provided 26,881 services encounters to 5,677 unduplicated clients. In absence of additional funding, the TB program must reduce 25% of its efforts, resulting in the elimination of approximately 7,000 service encounters per year. The TB program would eliminate the majority of its preventive services. This will have a direct impact on the transmission of active TB in the community at large.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$346,293 in FY1314 and by \$476,981 in FY1415

IMPACT ON DEPARTMENT'S WORKFORCE :

N/A

INITIATIVE TITLE: TB Control and Prevention Services - Maintain Core Services

Description		FY 2013-14	FY 2014-15
Sources:			
Subtotal Sources		\$ -	\$ -
Uses: Salary and Benefits		\$ 346,296	\$ 476,981
Subtotal Uses		\$ 346,296	\$ 476,981
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 346,296	\$ 476,981
Total FTE's		0.00	0.00

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
1635	Health Care Billing Clerk I (exisiting position)	0.00	\$ 44,571	0.00	\$ 53,907
2587	Health Worker III (existing position)	0.00	\$ 63,839	0.00	\$ 64,927
2908	Hospital Eligibility Worker (existing position)	0.00	\$ 21,225	0.00	\$ 21,586
1022	IS Administrator II (existing position)	0.00	\$ 24,266	0.00	\$ 82,162
2803	Epidemiologist II (existing position)	0.00	\$ 49,141	0.00	\$ 59,694
2320	Registered Nurse (existing position)	0.00	\$ 29,018	0.00	\$ 29,666
Total Salary		0.00	232,060	0.00	311,942
Fringe			114,236		165,039
Total Salary and Fringe		0.00	\$ 346,296	0.00	\$ 476,981

Operating Expenses

Index Code Character/Subobject Code

\$ - \$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Increase Occupational Health Workorder Recovery**

TARGETED CLIENTS: Departments of the City and County of San Francisco

PROGRAM CONTACT NAME/PHONE: Maggie Rykowski, 206-4294

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	(\$616,813)	(\$612,704)

PROGRAM DESCRIPTION: (Brief description of Program Change)

SFGH Occupational Health Services (OHS) provides services to 25 CCSF Departments. Services include, but are not limited to: medical clearance exams, fitness for duty evaluations, hearing conservation, inoculations, and urine toxicology evaluations. The rates currently charged are insufficient to cover the cost of the program, and an additional general fund subsidy is required. In FY11-12, OHS provided approximately 12,000 units of services to CCSF Departments. SFGH has proposed to update the rates it charges to City Departments as well as increase the projected units of service based on prior year actuals in order to fully recover the direct costs of maintaining this program.

JUSTIFICATION:

Rates charged to City Departments for these services have seen only modest increases three times in 15 years despite increasing costs. Rates were last increased in FY1112 by a modest amount (increased revenues by \$100,000) in order to cover new costs associated with a computer system upgrade. Before the FY1112 increase, rates were last increased in FY0607. Additionally, the Department has requested that other City Departments budget requesting workorders to reflect actual units of service so that SFGH is able to budget matching recoveries as the City Controller requires performing and requesting workorders to balance.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

OHS provides over 12,000 units of services to CCSF Departments annually.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

SFGH projects that the net GF impact for the City to be (\$616,813) in FY1314 and (\$612,704) in FY1415.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be no impact SFGH workforce.

INITIATIVE TITLE: Increase Occupational Health Work Order Recovery

Description		FY 2013-14 (12 months)	FY 2014-15 (12 months)
Sources:			
	Proposed Increased Recovery (non-GF depts)	705,510	705,510 0
	Subtotal Sources	705,510	705,510
Uses:			
	Salary and Benefits	88,697	92,806
	Operating Expense		
	Subtotal Uses	88,697	92,806
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		(616,813)	(612,704)
Total FTE's		0.00	0.00

New Positions (List positions by Class, Title and FTE):

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2312		(0.60)	(43,245)	(0.60)	(43,810)
2320		0.60	83,233	0.60	84,771
2430		(0.34)	(20,352)	(0.34)	(20,618)
2320		0.34	47,165	0.34	48,030
	Total Salary	0.00	66,801	0.00	68,373
	Fringe		21,896		24,433
	Total Salary and Fringe	0.00	88,697	0.00	92,806

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☒ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **DPH Baseline Revenue Changes**TARGETED CLIENTS: **DPH Clients**PROGRAM CONTACT NAME/PHONE: **Greg Wagner, CFO 415-206-2510**

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
3.08	4.00	(4,105,705)	(6,105,189)

PROGRAM DESCRIPTION: (Brief description of Program Change)

Changes to baseline patient revenues for SFGH, LHH, and CBHS

JUSTIFICATION:**SFGH:**

DSRIP- Revenue, IGT and related program expense for Category V HIV Transition Project to support access to high-quality, coordinated, integrated care to patients diagnosed with HIV who previously received care under programs funded by the Ryan White HIV/AIDS Treatment extension act of 2009.

MediCal/DP SNF – Revision of revenues budgeted in FY1214 associated with patient flow initiatives.

Capitated Revenues – In Home Supportive Services (IHSS) workers capitated revenues and related Human Services Agency workorder expense to support IHSS workers medical coverage through San Francisco Health Plan.

Other Patient Charges and Bad Debt Expense: adjustment to actuals for Other Patient Revenues and related bad debt expense; this is budget neutral.

CBHS Short Doyle

Beginning in 2012, counties are receiving federal matching dollars for certain mental health expenditures that were previously uncompensated based on federal approval of a change in reimbursement guidelines.

LHH:

Net patient revenue increase due to DP/NP Supplemental reimbursement rate increase of 3.5% offset by a decrease in budgeted/ projected hospital rents.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$3,163,473 in FY13-14 and \$1,428,915 in FY14-15.

Revenues will increase by \$7,269,178 in FY1314 and \$7,534,104 in FY1415

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 3.08 FTEs in FY13-14 and 4.00 FTEs in FY14-15.

INITIATIVE TITLE: DPH Baseline Revenues

Description		FY 2013-14	FY 2014-15
Sources:			
SFGH - DSRIP	\$	4,744,646	\$ -
SFGH - Capitated Revenues IHSS	\$	351,704	\$ 1,272,417
SFGH MediCal/ DP SNF	\$	(2,000,000)	\$ (2,000,000)
SFGH Other Patient Charges	\$	30,000,000	\$ 30,000,000
SFGH Bad Debt Expense	\$	(30,000,000)	\$ (30,000,000)
CBHS - Short Doyle Medi-Cal	\$	2,000,000	\$ 2,000,000
LHH - Net Patient Revenue	\$	3,256,142	\$ 7,345,001
LHH Hospital Rent	\$	(1,000,000)	\$ (1,000,000)
LHH AB113	\$	(83,314)	\$ (83,314)
Subtotal Sources	\$	7,269,178	\$ 7,534,104
Uses:			
Salary and Benefits DSRIP	\$	503,918	\$ 681,327
Non Personnel Services DSRIP & IHSS	\$	330,852	\$ 791,208
DSRIP IGT	\$	2,372,323	\$ -
LHH IGT	\$	(43,620)	\$ (43,620)
Subtotal Uses	\$	3,163,473	\$ 1,428,915
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (4,105,705)	\$ (6,105,189)
Total FTE's		3.08	4.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
2453	Supervising Pharmacist DSRIP	0.77	\$ 126,353	1.00	\$ 166,111
2454	Clinical Pharmacist DSRIP	0.77	\$ 121,491	1.00	\$ 160,470
2586	Health Worker II DSRIP	0.77	\$ 44,918	1.00	\$ 59,329
2119	Health Care Analyst DSRIP	0.77	\$ 65,367	1.00	\$ 85,935
Total Salary		3.08	358,129	4.00	471,846
Fringe			145,789		209,481
Total Salary and Fringe		3.08	\$ 503,918	4.00	\$ 681,327

Operating Expenses

Index Code	Character/Subobject Code		
	Ward 86 UC Contract	\$ 80,000	80,000
	Lean Training	\$ 75,000	\$ 75,000
	Human Services Agency IHSS Workorder	\$ 175,852	\$ 636,208
		\$ 330,852	\$ 791,208

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☒ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Environmental Health Services Fees**

TARGETED CLIENTS: All San Francisco Residents and Regulated Business Establishments

PROGRAM CONTACT NAME/PHONE: Cyndy Comerford 415-252-3989

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
1.73	2.25	0	0

PROGRAM DESCRIPTION: (Brief description of Program Change)

The San Francisco Department of Public Health's Environmental Health Section strives to promote health and quality of life in San Francisco by ensuring healthy living and working conditions in the City and County of San Francisco. Projected revenues fluctuate annually due to change in inventory, new fees, changes in regulatory programs and fee increases. Expenditures are adjusted to ensure that programs do not exceed 100% cost recovery and that there is little net impact on the General Fund. For FY13-14 and FY14-15 new revenues include fee increases to recover cost in operating expenses and new program expenditures including; rent increase, office build out, new personnel for regulatory programs per new legislation.

JUSTIFICATION:

Projected increases in revenues are due to fee increases and program changes due to state regulations. Expenditures are adjusted accordingly for workloads to ensure cost recovery and for adequate staff and resources to carry out the additional regulatory work with no net impact on the General Fund. New regulatory staff is being added in the housing program to work on bed bugs and increase inspections for the massage program.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$458,921 but are offset by revenue fee increases so there is no impact to the General Fund.

IMPACT ON DEPARTMENT'S WORKFORCE :

FTEs will increase by 1.73 in FY13-14 and 2.25 in FY14-15.

INITIATIVE TITLE: Environmental Health Services Fees

Description		FY 2013-14	FY 2014-15
Sources:			
	Revenues	\$ 458,523	\$ 458,523
	Subtotal Sources	\$ 458,523	\$ 458,523
Uses:			
	Salary and Benefits	\$ 272,634	\$ 373,634
	Non Personnel Services	\$ 185,889	\$ 84,889
	Subtotal Uses	\$ 458,523	\$ 458,523
Net General Fund Subsidy Required (savings)/cost			
Uses less Sources)		\$ 0	\$ (0)
Total FTE's		1.73	2.25

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
2830	Public Health Nurse	(0.50)	\$ (69,089)	(0.50)	\$ (70,632)
6108	Environmental Health Technician I	0.50	\$ 27,555	0.50	\$ 28,082
6108	Environmental Health Technician I	0.38	\$ 20,942	0.50	\$ 28,082
6108	Environmental Health Technician I	0.77	\$ 42,435	1.00	\$ 56,163
6122	Senior Environmental Health Inspector	0.58	\$ 60,631	0.75	\$ 79,390
	Salary COLA added to base budget		\$ 148,217		\$ 187,576
	Total Salary	1.73	230,691	2.25	308,660
	Fringe		41,944		64,974
	Total Salary and Fringe	1.73	\$ 272,634	2.25	\$ 373,634

Operating Expenses

Index Code	Character/Subobject Code		
081W6	ADM-Real Estate Special Services	\$ 10,000	-
03000	Rents/Leases-Bldgs & Structures-Budget	\$ 64,454	64,454
02300	Employee Field Expenses-Budget	\$ 18,400	18,400
02401	Membership Dues	\$ 2,435	2,435
02900	Maint Svcs-Equipment-Budget	\$ (400)	(400)
03500	Other Current Expenses-Budget	\$ 91,000	\$ -
		\$ 185,889	\$ 84,889

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Reprogramming of Behavioral Health Center**

TARGETED CLIENTS: Behavioral Health Center

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
(36.79)	(50.40)	(\$4,570,869)	(\$8,158,088)

PROGRAM DESCRIPTION: (Brief description of Program Change)

This initiative will make changes to programming at the Behavioral Health Center (BHC) with the purpose of:

- Maximizing the use of the BHC and strengthening its role in the system of care
- Adding bed types that are in short supply in the city, allowing DPH patients to be placed more quickly in the appropriate level of care
- Improving patient flow within the DPH network, resulting in better utilization of resources and improved revenues

The program changes include:

- Create respite level beds for both Mental Health and Medicine that do not currently exist but could positively impact acuity at SFGH.
- Create Residential Care Facility for the Elderly beds that would be available for non-ambulatory residents. This is a level of care that is currently in short supply in the City.
- Transition SNF patients to appropriate care elsewhere within the DPH system, including to less restrictive settings where possible.

JUSTIFICATION:

Since its formation, the BHC has been a critical facility for DPH and San Francisco, allowing the department to provide the appropriate level of care for its clients. The role of the BHC within the DPH network will be more critical than ever after the transition to a more managed care-focused model and the implementation of Affordable Care Act (ACA), but some programming changes are needed to achieve both budgetary savings the maximum benefit from the facility. During the 2012-13 budget process, DPH budgeted over \$8 million in revenues that could be achieved if non-acute patients from SFGH could be discharged more quickly from the hospital into lower (and more appropriate) levels of care. As the Department has pursued this goal, several barriers have been identified. Certain facility types, such as respite level beds and residential care facilities for the non-ambulatory elderly, are in short supply, meaning patients must remain longer in the hospital or be placed outside the city. DPH concluded that having additional beds of these types under the department's control would allow patients to be placed more quickly, address current gaps in services, and enhance DPH's ability to allow SF residents the opportunity to pursue independence. In addition, as part of its Integrated Delivery System planning, the department has focused on identifying services that can be coordinated within the DPH network to provide better care more efficiently and effectively. By adding capacity at the BHC in bed types currently in short supply in the city, over time DPH can general significant cost savings from reducing the need to

place clients in contracted facilities outside the county.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

During the transition, SFGH and Placement will work closely with DPH entities providers, clients, staff and the community to ensure a smooth transition for our clients. Initial estimates include the following:

- 34 clients relocate from SF Behavioral Health Center to the community setting or other skilled nursing facility, including Laguna Honda
- 79 new residential care beds created for non-ambulatory lower level of care placement
- 22 new respite beds to facilitate transitions out of acute care back to community

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

IMPACT ON DEPARTMENT'S WORKFORCE :

Some staff will be assigned different roles and responsibilities as part of the transition, but the department does not loss of employment for existing City workers under this proposal. This proposal also:

- Allows staff to work in a state of the art facility with access to services and supports to improve resident care and quality of life;
- Provides opportunities to share expertise and collaborate across levels of care within DPH;

INITIATIVE TITLE: Reprogram Behavioral Health Center

Description		FY 2013-14 (9 months)	FY 2014-15 (12 months)
Sources:			
	SFGH BHC M/Cal	(2,066,265)	(2,830,500)
	SFGH BHC DP SNF Supplemental	(730,000)	(1,000,000)
	Other Patient Revenues	635,421	847,228
Subtotal Sources		(2,160,844)	(2,983,272)
Uses:			
	Salary and Benefits	(4,537,213)	(6,215,360)
	Operating Expense	(2,194,500)	(4,926,000)
Subtotal Uses		(6,731,713)	(11,141,360)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		(4,570,869)	(8,158,088)
Total FTE's		(36.79)	(50.40)

New Positions (List positions by Class, Title and FTE)

	<u>FTE</u>	<u>Amount</u>	<u>FTE</u>	<u>Amount</u>
Behavioral Health Center Admin	(6.13)	(703,829)	(8.40)	(964,149)
Behavioral Health Center SNF	(20.37)	(2,432,017)	(27.90)	(3,331,530)
Behavioral Health Center MHRC	(16.86)	(1,994,307)	(23.10)	(2,731,928)
Behavioral Health Center additional 22 RCF/E Beds	<u>6.57</u>	<u>592,940</u>	<u>9.00</u>	<u>812,247</u>
	(36.79)	(4,537,213)	(50.40)	(6,215,360)

Operating Expenses

Index Code	Character/Subobject Code		
	Pharmaceuticals	(694,500)	(926,000)
	Professional Services (Placement Beds)	<u>(1,500,000)</u>	<u>(4,000,000)</u>
		(2,194,500)	(4,926,000)

Facilities Maintenance, and Equipment (List by each item by count and amount)

3.62

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☒ Primary Care
☐ Jail Health
☐ Health At Home

- ☒ Public Health
☒ CBHS - Mental Health
☒ CBHS - Substance Abuse
☐

PROGRAM / INITIATIVE TITLE: **Community Programs Across the Board Reductions to CBO's**

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu, 255- 3516

TARGETED CLIENTS: Clients served in Community Based Organizations (CBO)

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a	(\$5,043,757)	(\$7,312,104)

PROGRAM DESCRIPTION: (Description of Program Change)

The Department of Public Health (DPH) is facing significant financial challenges caused by a combination of factors, including: (1) Historical Structural Issues, (2) Rapid Cost Inflation, (3) State and Federal reductions, and (4) Patient revenues not keeping pace with costs. In its five-year projections, the Department projects that absent changes it will require an increase in its General Fund subsidy of \$291 million by FY17-18 to sustain existing services. Neither the Department nor the City is able to sustain this level of growth.

As part of its plan to address these funding shortfalls, the Department will implement a 5% reduction to its contractual expenditures. This will result in \$7,312,104 in annual savings, achieved by implementing an across-the-board reduction to unmatched General Fund dollars, (i.e. General Fund-dollars that aren't used to draw down additional State or Federal revenues). This translates to a 9% reduction to total General Fund support of contractual services. The impact to individual agencies will vary depending on the percentage of unmatched versus matched General Fund monies, as well as other funding sources within their budgets. The impact may range from a high of 25 percent of contractual funding if the entire agency budget is unmatched General Fund monies, to zero or minimal impact to agencies that leverage significant State and Federal dollars. The primary services excluded from the proposed reduction include the following:

- Programs that are specifically identified as homeless services,
- Methadone services
- Detoxification services
- Private inpatient hospital contracts,
- Long Term Care and Residential Care Facilities (reduced in an another initiative),
- Pharmaceuticals,
- Children's Services,
- Medication Support Services,
- HIV Health Services/HIV Prevention Services
- Operating subsidies in supportive housing

The impact by modality is summarized as follows on the following page:

Modality Reduction Across the Board	FY 12-13 Funding	FY 13-14 Total Unmatched General Funding Reduction	FY 14-15 Total Unmatched General Funding Reduction	Total Unmatched General Funding Reduction	Total Revised Available Funding
Residential Treatment	31,790,260	1,574,495	1,574,495	3,148,990	28,641,270
Adult Outpatient	49,389,936	1,858,835	371,767	2,230,602	47,159,334
Supportive Services in Supportive Housing	15,319,400	553,600	110,720	664,320	14,655,080
Wellness Promotion and Prevention	15,986,859	472,900	94,580	567,480	15,419,379
Vocational Services	2,779,928	196,794	39,359	236,153	2,543,775
Training	1,411,123	102,323	20,465	122,788	1,288,336
Emergency Crisis	812,619	91,815	18,363	110,178	702,441
Clients' Rights Advocacy	370,927	77,276	15,455	92,732	278,195
SA Prevention	2,574,153	59,490	11,898	71,388	2,502,766
Primary Care	697,732	31,163	6,233	37,395	660,337
Transportation	912,437	24,176	4,835	29,011	883,426
Medical Case Management	702,164	889	178	1,067	701,097
Total	122,747,538	5,043,757	2,268,347	7,312,104	115,435,435

JUSTIFICATION: (required by the Mayor's Office)

The proposed reductions are implemented to address the Department's severe budget shortfall. As a whole, the department draws almost two-thirds of its funding from non-General Fund dollars. As broad changes in funding for health services are implemented over the next several years, it will be increasingly difficult to support services that rely purely on local tax dollars. In anticipation of these changes, the department has been working for a number of years to expand providers' ability to access non-General Fund dollars. Across-the-board reductions allow the Department to maintain the existing continuum of care with a basic level of services to the greatest extent possible. However, it should be noted that at this level of reduction, some agencies, particularly those that have a high level of unmatched General Fund, may be required to reduce entire programs to meet their targets. Community Based Organizations have been absorbing inflationary increases over the past several years (with FY12-13 being the first year in several where new funding was allocated for cost of doing business increases), which may further impact an agency facing a higher reduction percentage to continue to operate. The Department will work with its contractors to determine the most suitable plan to minimize the reduction to unduplicated clients served, and at the same time keep administrative infrastructures intact.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Community Program sections will be working with the affected agencies to identify which of their programs will be impacted by the funding reductions. Therefore, the full impact to current clients as a result of the proposed reductions will not be known until DPH has had an opportunity to meet with each agency.

EXPENSE AND REVENUE)

Expense will be reduced by \$5,043,757 in FY13-14 annualized to \$7,312,104 in FY14-15

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

N/A

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Community Programs Across the Board Reductions to CBO Contracts

	FY 2013-14	FY 2014-15
Sources:		
General Fund		
Subtotal Sources	-	-
Uses:		
Salaries and Fringes		
027 Professional Services	5,043,757	7,312,104
Subtotal Uses	5,043,757	7,312,104
Net General Fund Subsidy Required (Uses less Sources)	\$ 5,043,757	\$ 7,312,104
Total FTE's		

New Positions (List positions by Class, Title and FTE)

Class	Title	FY13-14 Savings	FY14-15 Savings
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Operating Expenses

Index Code	Character/Subobject Code		
	001/013	0.00	\$ -

Operating Expenses

HMHMCC730515	CH21/02700 Professional Services	\$ 2,011,222	\$ 2,936,524
HMHSCCRES227	CH21/02700 Professional Services	\$ 1,989,127	\$ 3,123,490
HCHPHHLTEDGF	CH21/02700 Professional Services	\$ 307,336	\$ 368,803
HCHSHHOUSGGF	CH21/02700 Professional Services	\$ 617,686	\$ 741,223
HCHAPHC1--GF	CH21/02700 Professional Services	\$ 63,048	\$ 75,657
HCHAPPCCDPGF	CH21/02700 Professional Services	\$ 10,616	\$ 12,739
HCHAPADMINGF	CH21/02700 Professional Services	\$ 8,542	\$ 10,250
HCHAPPCCDPGF	CH21/02700 Professional Services	\$ 13,447	\$ 16,137
HCHAPTWC--GF	CH21/02700 Professional Services	\$ 10,728	\$ 12,874
HCHAPURBNCLN	CH21/02700 Professional Services	\$ 12,005	\$ 14,406

Total		\$ 5,043,757	\$ 7,312,104
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2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☒ Primary Care
☐ Jail Health
☐ Health At Home

- ☒ Public Health
☒ CBHS - Mental Health
☒ CBHS - Substance Abuse
☐

PROGRAM / INITIATIVE TITLE: Community Programs RFP

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu, 255-3516

TARGETED CLIENTS: Clients served in Community Based Organizations

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a		(\$8,843,948)

PROGRAM DESCRIPTION: (Description of Program Change)

The Department of Public Health (DPH) is facing significant financial challenges caused by a combination of factors, including: (1) Historical Structural Issues, (2) Rapid Cost Inflation, (3) State and Federal reductions, and (4) Patient revenues not keeping pace with costs.

In its five-year projections, beginning in FY13-14, the Department is assuming large year-over-year increases, which, absent changes, will result in a General Fund requirement of \$291 million by FY17-18 to sustain existing capacity. Neither the Department nor the City is able to sustain this level of growth and reliance upon the City's General Fund.

In addition to its budget challenges, in anticipation of new programmatic responsibilities expected under Federal Health Reform and California's 1115 Waiver – coupled with uncertainty regarding future funding for health care – DPH is in the process of examining its service delivery system to ensure effective integration, to promote efficiency, and to prioritize services more consistently. Upon completion of this planning process, the Department will release a packet of Request for Proposal (RFP) solicitations to both meet these objectives and to achieve budgetary savings within its contractual services.

Specifically, the Department will be looking to realign its contractual services to meet one or more of the following objectives: Essential services to meeting the Affordable Care Act (ACA) milestones; Services reimbursable under ACA; Services that directly help hospital discharge, and Services that support population health.

Some contractual services that don't meet these objectives will remain, but at a reduced level, allowing the continuation of a system of care where applicable. Total anticipated annualized savings from this proposal is \$17,687,896 beginning in FY 14-15. Savings will be used to offset the Department's reliance on City General Fund support. The implementation of the RFPs would begin in FY14-15 and would be fully annualized in FY15-16. The Departmental sections that will be participating in the RFP process include: Community Behavioral Health Services (CBHS), Housing and Urban Health (HUH), HIV Health Services (HHS), HIV Prevention Section (HPS), Community Health Promotion and Prevention (CHPP).

The Department will continue to evaluate its financial status, and may require future RFP's to either achieve additional savings, or to change the types of services currently contracted to better meet ACA needs.

JUSTIFICATION: (required by the Mayor's Office)

The Department is facing significant financial challenges, as well as critical challenges related to ACA. To meet these challenges, the Department cannot afford to continue with "business as usual" – but instead must proactively shape its service delivery system to support its needs under the ACA. If it does not do so it risks a detrimental impact on the Department's revenue generation, and ultimately a weakening of the safety net for the most vulnerable. The proposed RFPs will enable the Department to work towards addressing both challenges.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Not Available at this time.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenue and Expenses will decrease by \$8,843,948 in FY14-15 annualizing to \$17,687,896 in FY15-16.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Community Programs RFP (Request for Proposal)

	FY 2013-14	FY 2014-15
Sources:		
General Fund		
Subtotal Sources	-	-
Uses:		
Salaries and Fringes		
027 Professional Services	-	(8,843,948)
Subtotal Uses	-	(8,843,948)
Net General Fund Subsidy Required (Uses less Sources)	\$ -	\$ (8,843,948)
Total FTE's		

New Positions (List positions by Class, Title and FTE)

Class

Title

FY13-14 Savings FY14-15 Savings

Operating Expenses

Index Code

Character/Subobject Code

Operating Expenses

HMHMCC730515 CH21/02700 Professional Services

\$ - \$ (8,843,948)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

X San Francisco General Hospital
 X Laguna Honda Hospital
 X Primary Care
 X Jail Health

X Public Health
 X CBHS - Mental Health
 X CBHS - Substance Abuse
 X Health At Home

PROGRAM / INITIATIVE TITLE: **DPH One Time Prior Year Savings**

PROGRAM CONTACT NAME/PHONE: Greg Wagner 554-2610

TARGETED CLIENTS: N/A

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a	(2,400,000)	n/a

PROGRAM DESCRIPTION: (Brief description of Program Change)

DPH fiscal staff will begin the process of reviewing prior year project accounts and close out any unnecessary fund balances. The Department expects to have savings of about \$2.4 million which can be returned to the general fund.

JUSTIFICATION:

DPH staff routinely reviews prior year projects, accounts and reserves as part of the City's fiscal year end close and returns unused funds to the City's general fund. DPH will work over the next several months to identify balances and close them out by the end of the fiscal year. Ordinarily, this savings is used to offset any year end deficits in other areas or included as part of the City's unallocated fund balance the following year.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

One time general fund savings of \$2.4 million.

IMPACT ON DEPARTMENT'S WORKFORCE :

No impact.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: DPH One-Time Prior Year Savings

Sources:	FY 2013-14	FY 2014-15
Subtotal Sources	-	-
Uses:		
Prior Year One Time Savings	\$ (2,400,000)	-
Subtotal Uses	(2,400,000)	-
Net General Fund Subsidy Required (Uses less Sources)	\$ (2,400,000)	\$ -
Total FTE's		

New Positions (List positions by Class, Title and FTE)
Class Title

Operating Expenses

Index Code Character/Subobject Code

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Laguna Honda Hospital Transition Project**

TARGETED CLIENTS: All clients at Laguna Honda, CBHS, COPC, and 101 Grove

PROGRAM CONTACT NAME/PHONE: John Applegarth 206-4906/Mike Llewellyn 759-4545

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
N/A	N/A	(\$776,449)	(\$535,065)

PROGRAM DESCRIPTION: (Brief description of Program Change)

Laguna Honda Hospital (LHH) moved from A 1920s era building to a new State of the art, 675,000 sq. ft. hospital. This change is not just a physical one, but one that affects all aspects of their operations and will require additional resources to maintain. This proposal requests to convert the remaining of the four transition funded positions to general fund for IT and Facility Services.

JUSTIFICATION:

Facility Services Not only does the expanded LHH hospital require 24/7 facility support, but facility maintenance for Primary Care Health Centers, Community Behavioral Health Services (CBHS) and 101 Grove transferred from SFGH to Laguna Honda Hospital in 2011. Locksmith and painter positions are called on to support the various groups within the Department. The 0.50 FTE locksmith position provides ongoing maintenance and repair for panic hardware, door locking mechanisms, electronic door access systems as well as documenting such repairs for the California Department of Public Health (CDPH) Facility Inspections. This position not only supports LHH facility that consists of 5,000 locking mechanisms, 375 electronic lock and 100 exit doors but also CBHS sites, 101 Grove, and 13 Primary Care Health Centers. The 1.00 FTE Painter provides constant repairs to hard and soft surfaces in order to meet the CDPH required standard level of care for all the various aforementioned sites.

Information Systems LHH has employed a transition funded 1043 IS Senior Engineer since the occupation of the new Laguna Honda hospital building. This position has been a key employee supporting the complex data network for the LHH campus. It is essential that we continue to support the day to day operation with sufficient technical staff for this new technological complex building. In addition, LHH developed a deployment plan for an additional 500 computer data terminals to support clinician access to the Electronic Medical Record. The 1093 IT Operations Support Administrator III functioned as Desktop Engineer will assist the current staff in deploying these data terminals that will access the LHH User desktop PC. The equipment must be setup and configured for all clinical areas in Laguna Honda Hospital. Once installed over 3,000 users need to be configured for the new electronic access to the electronic medical record using sophisticated single sign on software that allows the clinician to use their ID badge for access. This new technology will require this position to provide continuous support for the equipment that the staff will utilize.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

All 780 residents at Laguna Honda Hospital, all their visitors, and 1300+ staff

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Labor expenditures will increase by \$223,551 in FY 13/14 and \$464,935 in FY 14/15. These expenditures will be offset by savings from the Transition Project of \$1M in FY 13/14 and \$1M FY 14/15.

IMPACT ON DEPARTMENT'S WORKFORCE:

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH Transition Project

Description		FY 2013-14		FY 2014-15
Sources:		\$ -		\$ -
Subtotal Sources		-		-
Uses:				
Salary & Fringes		223,551		464,935
Transition Project Savings		(1,000,000)		(1,000,000)
Subtotal Uses		(776,449)		(535,065)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (776,449)		\$ (535,065)
Total FTE's		0.00		0.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY 14-15
7342	Locksmith (existing position)		31,848		41,870
7346	Painter (existing position)		58,562		76,988
1043	IS Engineer-Senior (existing position)		63,431		128,421
1093	IT Operations Support Administrator III (existing position)				65,221
		0.00	153,841	-	312,500
	Fringe (FY 13-14 = 49% , FY 14-15 = 49%)		69,711		152,435
			\$ 223,551		\$ 464,935

Operating Expenses

Index Code	Character/Subobject Code		FY 13-14		FY 14-15
	Transition Project (one time)		\$ (1,000,000)		\$ (1,000,000)

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input checked="" type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH - Department Wide |

PROGRAM / INITIATIVE TITLE: **Redwood Center Funding Reallocation and Reduction**

TARGETED CLIENTS: N/A

PROGRAM CONTACT NAME/PHONE: Jo Robinson/255-3401

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
		(\$400,000)	(\$400,000)

PROGRAM DESCRIPTION: (Brief description of Program Change)

The Redwood Center is a city-owned facility which had been used by the Department to deliver residential substance abuse services through a community based organization. The site was closed in FY09-10 for renovations. The Department of Public Health terminated the renovation process in early FY12-13 because of the financial and operational challenges posed by the remote site. Additionally, the site's designation as "historical" created limits to achieving the desired improvements. This facility is located on property owned by the Public Utilities Commission (PUC) in San Mateo County.

Of the total of \$800k in operating costs dedicated to this program, an amount of \$400k will be reduced to mitigate proposed budget reductions to other CBHS services. The balance of \$400k will be reallocated to support housing/and or residential needs of individuals/clients served by the Department, with a focus on those who are high users of multiple systems, e.g. PES, SFGH, mental health and substance abuse clinics.

JUSTIFICATION:

The Department was unable to renovate the original site, so the full operating costs of \$800k have been reallocated to preserve funding for existing housing and treatment needs and to mitigate other budget cuts to Community Programs

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None. This program has been closed since FY09-10.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Reduction of \$400k in professional services.

IMPACT ON DEPARTMENT'S WORKFORCE :

None

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: CBHS Redwood Center

Description		FY 2013-14	FY 2014-15
Sources:			
Subtotal Sources		-	-
Uses:			
021 Professional Servi general fund		\$ (400,000)	\$ (400,000)
Subtotal Uses		(400,000)	(400,000)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (400,000)	\$ (400,000)
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

Fringe (FY 13-14 = 42% , FY 14-15 = 47%)

-	-
-	-
-	-
\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
HMHSCCRES227	021/02700	\$ (400,000)	\$ (400,000)

021 Professional Services

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input checked="" type="checkbox"/> Public Health | <input type="checkbox"/> DPH - Department Wide |

PROGRAM / INITIATIVE TITLE: **DPH HIV Administrative Savings**

TARGETED CLIENTS: N/A

PROGRAM CONTACT NAME/PHONE: Marcellina Ogbu, 255-3516

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
(3.24)	(4.00)	(422,352)	(513,780)

PROGRAM DESCRIPTION: (Brief description of Program Change)

The Department has identified proposed administrative savings equal to \$422,352 in FY13-14, and an annualized amount of \$513,780 in FY14-15. Of this total, an amount of \$102,075 represents contractual savings from the Native American AIDS Project (NAAP) which closed in December, 2012 at its own discretion. At that time, all clients were transitioned to existing programs. As these funds are not needed to support the transition or ongoing care of NAAP's clients, the Department is proposing the use of these savings to offset its larger deficit instead of reallocating this funding to another agency.

Additionally, the Department is proposing to delete four civil service administrative positions to achieve savings towards meeting the Department's shortfall.

JUSTIFICATION:

The Department has identified both contractual and administrative savings that would have minimal ongoing impact to the HIV Services..

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

None

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Reduction of revenues and expenditures of \$422,352 in FY13-14 and \$513,780 in FY14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

Reduction of 3.24 FTEs in FY13-14 and 4.0 FTEs in FY14-15.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: HIV Administrative Savings

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ (320,277)	\$ (411,705)
	Operating Expense	\$ (102,075)	\$ (102,075)
Subtotal Uses		\$ (422,352)	\$ (513,780)
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (422,352)	\$ (513,780)
Total FTE's		(3.24)	(4.00)

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
	Salaries	(3.24)	\$ (212,144)	(4.00)	\$ (265,060)
	Fringe	50.97%	(108,133)	55.33%	(146,645)
	Total Salary and Fringe	(3.24)	\$ (320,277)	(4.00)	\$ (411,705)

Operating Expenses

Index Code	Character/Subobject Code		
	Professional Services	(102,075)	(102,075)
		\$ (102,075)	\$ (102,075)

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☒ Laguna Honda Hospital
☒ Primary Care
☒ Jail Health

- ☐ Public Health
☒ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: DPH Pharmaceuticals and Materials and Supplies Inflation

PROGRAM CONTACT NAME/PHONE: David Woods 206-2332 / Jenny Louie 554-2605

TARGETED CLIENTS: DPH clients

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a	\$1,178,580	\$3,516,288

PROGRAM DESCRIPTION: (Description of Program Change)

Projected nation-wide increases in drug expenditures are 3-5% across all settings, a 5-7% increase in expenditures for clinic administered drugs, and 0-2% in hospitals. An increase in drug expenditures due to new drugs is projected at 3.2%. At DPH, continued participation in drug manufacturer patient assistance programs, tight drug formulary control, and aggressive use of lower cost generic drugs will help offset increases in expense due to volume (e.g. Ryan White clients transferring from care in the AIDS Drug Assistance Program into SF Path). Increases in the cost of caring for AIDS patients and the use of innovative specialty medications for medical conditions such as multiple sclerosis, blood disorders and Hepatitis C Virus has increased expenses and will continue to do so for the next several years. The net result of factors that will increase and decrease drug costs at DPH are projected to lead to an overall increase in the cost of pharmaceuticals for the department of 3.5% in FY 2013-2014 and in 2014-2015.

We are not requesting an inflationary increase for Behavioral Health Services in FY 13-14 because agents going off patent are expected to offset increased usage in other areas. We are requesting an inflationary increase of 3.5% for Behavioral Health Services in FY 14-15 and future years.

Other inflationary adjustments will include 5% increases for food and 2.5% for laundry & linen costs that will impact all clients at the San Francisco General Hospital and Laguna Honda Hospital.

JUSTIFICATION: (required by the Mayor's Office)

Drugs continue to be the primary treatment modality for the prevention, mitigation or cure of disease. Drug therapy cost increases have exceeded the inflationary rate for other goods and services for the past decade, and increases in the utilization of novel therapeutic agents are expected to continue into year 2013/14 and 2014/15.

Higher food costs are resulted from the severe drought that spread across nation-wide last year. The impact however is lower for DPH due to the Novation contract discounts. Laundry and linen costs will rise by 2.5% as there was no COLA adjustment since 2011.

This adjustment is critical to ensuring that DPH is able to continue to provide services and treatments to its patients.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

All patients of SFGH, LHH, JHS, Primary Care and CHN/CBHS clinics are impacted.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Increase in base expenditure budget by \$1,178,580 FY 13-14 and \$3,516,288 in FY14-15.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

None.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: DPH Pharmaceuticals and Materials and Supplies Inflation

Description	FY 2013-14	FY 2014-15
Sources:	\$ -	\$ -
Subtotal Sources	\$ -	\$ -
Uses:		
Operating Expenses	\$ 1,178,580	\$ 3,516,288
Subtotal Uses	\$ 1,178,580	\$ 3,516,288
Net General Fund Subsidy Required (savings)/cost Uses less Sources	\$ 1,178,580	\$ 3,516,288
Total FTE's	n/a	n/a

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY 14-15
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Operating Expenses

Index Code	Character/Subobject Code	FY 13-14	FY 14-15
GH1HUN40061	040/04461 Pharmaceutical Supplies - SFGH	758,860	1,894,140
LH448803	040/04461 Pharmaceutical Supplies - LHH	223,263	454,341
JAILHLTH-GF	040/04461 Pharmaceutical Supplies - Jail Health	78,546	159,841
CHAPADMINGF	040/04461 Pharmaceutical Supplies - Primary Care	16,563	33,706
MHMCC730515	040/04461 Pharmaceutical Supplies - CBHS	(392,349)	(36,426)
LH448811	040/04699 Food (LHH)	231,000	474,000
GH1HUN40061	040/04699 Food (SFGH)	189,000	387,450
LH449439	021/03511 Laundry & Linen Services (LHH)	44,722	90,562
GH1HUN40061	021/03511 Laundry & Linen Services (SFGH)	28,975	58,674

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Mandated Salary and Fringe Increases UCSF**

TARGETED CLIENTS:

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO / 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	\$5,375,168	\$11,076,462

PROGRAM DESCRIPTION: (Brief description of Program Change)

This request is to fund the projected increase to Faculty, Staff and Interns & Resident salaries and benefits under the UCSF/SFGH Affiliation Agreement.

JUSTIFICATION:

The Faculty, Staff and Interns & Residents working at SFGH through the UCSF Affiliation Agreement are essential to the operation of the hospital. UCSF is contractually obligated to implement salary and benefit increases for staff in accordance with negotiated employment agreements (MOU's.) The requested amount is based upon expected increases for FYs 13-14 and 14-15, as negotiations are ongoing.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

If the MOU increase and support costs are not funded, there would most likely be a reduction in work force, with associated reductions in services. It is not possible to determine the impact upon clients and units of service until actual service reductions are determined through negotiations with UCSF and SFGH administration.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$5,375,168 in FY 13-14 and \$11,076,462 in FY 14-15, both years ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE :

If a reduction in workforce is necessary, there may be some impact on City and County FTE's.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Mandated Salary and Fringe Increases for UCSF Affiliation Agreement

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
UC Faculty Increase		\$ 1,195,651	\$ 2,434,885
UC Staff Increases		1,674,506	3,409,217
UC Interns and Residents		771,727	1,816,642
UC Retirement and Benefits		\$ 1,676,784	\$ 3,353,568
Pathology specimen costs		\$ 56,500	\$ 56,500
Subtotal Uses		5,375,168	11,070,812
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 5,375,168	\$ 11,070,812
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		
			-	-
			-	-
			-	-
	Fringe (FY 13-14 = 42% , FY 14-15 = 46%)		-	-
			\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
HGH1HUN40061	021/02700 Professional Services (UC Main Affiliation)	\$ 5,375,168	\$ 11,070,812

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☒ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: Annual DAH Master Lease and Rent Subsidies

PROGRAM CONTACT NAME/PHONE: Margot Antonetty / 554-2642

TARGETED CLIENTS: Chronically Homeless People

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
n/a	n/a	\$150,000	\$694,683

PROGRAM DESCRIPTION: (Description of Program Change)

The Department of Public Health's Housing and Urban Health (HUH) section currently oversees 36 supportive housing sites totaling 1,564 units through its Direct Access to Housing Program (DAH). The goal of DAH is to provide housing environments that promote stability, improved health and well being, as well as integration into the surrounding community. The housing is provided to homeless persons who have been living on the streets, individuals revolving through costly emergency care settings, and Health Department clients exiting higher levels of care.

JUSTIFICATION: (required by the Mayor's Office)

Between September 2012, and June 30, 2014, HUH will have brought on six new buildings and increased the Direct Access to Housing (DAH) portfolio by 438 units from 1,284 to 1,722, as well as added an additional 50 new Diversion and Community Integration Program (DCIP) slots, for a total of 488 new slots.

During the last five years, HUH has focused primarily on the housing production method often referred to as "Pipeline Housing". This approach involves partnering with the Mayor's Office of Housing (MOH), the city's affordable housing production agency, and non-profit affordable housing developers. In doing so, DPH benefits greatly from the financial and development expertise these partners bring to the table and at the same time secures high quality housing in beautiful new developments that provide high levels of disabled access and other amenities critical to housing homeless and disabled persons. The agreement between DPH, MOH and the housing developers is that in exchange for access to the units (meaning DPH is both assigned a block of units or all units, and more importantly is given responsibility for tenant referrals to these units) DPH provides the project with an operating subsidy and funds services when the buildings open.

Additionally, the Department master leases seven of the DAH sites, and is therefore responsible for funding annual rent and operating subsidy increases.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

If the proposal is not approved, the Department will not have sufficient funds to meet its master lease and 3rd party rent payment agreement obligations. As a result, the Department may be required to close at least one or two master lease sites in an effort to support the remaining housing. This could result in the loss of 55-109 units, which are currently occupied by formerly homeless clients with special needs.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Total rent and contractual expenses will increase by \$150,000 in FY 13/14 and \$694,683 in FY14/15

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

None.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Annual DAH Master Lease and 3rd Party Rent Payment Service Increases

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
	Contractual Services	\$ 150,000	\$ 523,826
	Rent and Leases - Buildings	-	170,857
		-	-
Subtotal Uses		150,000	694,683
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 150,000	\$ 694,683
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

	-	-
	-	-
	-	-
	-	-
	\$ -	\$ -

Fringe (FY 13-14 = 42% , FY 14-15 = 47%)

Operating Expenses

Index Code	Character/Subobject Code		
HCHSHHOUSGGF	021/02700	\$ 150,000	\$ 523,826
HCHSHHOUSGGF	021/03000		170,857

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH - Department Wide |

PROGRAM / INITIATIVE TITLE: Siemens HDX Transaction Fee Reconciliation

TARGETED CLIENTS: DPH Acute Care, Ambulatory Care, Long Term Care

PROGRAM CONTACT NAME/PHONE: David Counter/ 415 255-3575

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
N/A	N/A	\$810,000	\$810,000

PROGRAM DESCRIPTION: (Brief description of Program Change)

The Siemens Healthcare Data Exchange (HDX) system is the application utilized by DPH Hospitals and Clinics for On-line Eligibility verification for Medicaid, Medicare, Healthy San Francisco, San Francisco Health Plan and Third Party Payors. This Program change will increase the annual contracted system usage fees by \$810,000 in order to provide a fixed monthly and annual fee for the service in anticipation of significant Eligibility transaction increases related to Healthcare Reform implementation.

JUSTIFICATION:

The Siemens HDX system fees are calculated on a per transaction basis for Eligibility queries at \$.18 for those transactions within the contracted monthly base amount and \$.25 for those transactions exceeding the monthly base. Currently, DPH contracts for 300,000 transactions per month with a base monthly fee of \$54,000. In the past year, DPH monthly transaction volumes have averaged 500,000 per month due to increased volumes resulting in additional fees of @ \$50,000 per month. As Eligibility verification changes relating to Healthcare Reform involving increased patient volume and Level of Care determination are implemented it is anticipated that HDX transaction volumes will increase to 650,000-750,000 per month with corresponding fees in the range of \$87,500 to \$112,500 or more depending on patient volumes. The contract change addresses this increase by adding an additional \$ 67,500 per month as a fixed fee for an unlimited number of transactions resulting in an annual contractual increase of \$810,000, but avoiding the variable increases related to increased volumes projected to be in an annual range of \$978,000 to \$1,350,000 or greater.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

N/A

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

FY 2013-2014: \$810,000, FY 2014-2015: \$810,000

IMPACT ON DEPARTMENT'S WORKFORCE :

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Healthcare Data Exchange (HDX)

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Contractual Services		\$ 810,000	\$ 810,000
		-	-
		-	-
Subtotal Uses		810,000	810,000
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 810,000	\$ 810,000
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

	-	-
	-	-
	-	-
Fringe (FY 13-14 = 42% , FY 14-15 = 47%)	-	-
	\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
HCHACMISPJGF	021/02761	\$ 810,000	\$ 810,000

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Emergency Department Clinical Decision Unit (ED CDU)**

TARGETED CLIENTS: ED CDU Patients

PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
12.47	16.20	2,977,214	3,753,826

PROGRAM DESCRIPTION: (Brief description of Program Change)

The CDU enhances SFGH's mission of providing quality healthcare and trauma services by providing a short-stay inpatient unit that is dedicated to improving and expediting the management of patients with medical or traumatic conditions requiring inpatient management but whose care can, on average, be completed in 24 hours or less. Patients in the ED require an observation period for providers to assess patients for safe discharge, additional treatment in the ED, or if a more intensive treatment in the Inpatient Hospital is most appropriate. Patients of all age ranges who are not ill enough to warrant immediate inpatient hospital admission, but are also not well enough to return to their residence, need additional monitoring, diagnostic evaluation, and treatment in an observation unit. Some of the most common symptoms and conditions for patients placed in these units include chest pain, atrial fibrillation, congestive heart failure, asthma, back pain, dehydration, gastroenteritis and trauma. It is crucial for SFGH, the only Level I Trauma Center serving the City and County of San Francisco and northern San Mateo County, to have a CDU. The CDU will significantly improve the health outcomes of patients seen in the ED.

JUSTIFICATION:

The Clinical Decision Unit (CDU) will improve patient flow and allow greater efficiency and safety of patient care in the ED. A greater observation time ensures increased clinical accuracy, reductions in medical error, and the decreasing likelihood of unnecessary or repeat inpatient admission. A dedicated area isolated from the main emergency department will also allow practitioners to address specific medical complaints, to focus on patient education, and to ensure that appropriate disposition plans are in place. A designated CDU will also allow the ED to comply with The Joint Commission Accreditation regulations regarding dedicated space and certified staff to evaluate, test, treat and provide medical management in a timely manner. The ED will see improvements in workflow efficiencies, patient care and patient satisfaction. Potential outcomes include reductions in diversion rates, inappropriate discharges, left-without-being-seen (LWBS) patients, and less than 24 hours re-admissions.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

The CDU will impact all patients who are seen in the department. It will help improve flow and overall patient safety. The ED treats approximately 55,000 patients per year, and a large percentage of these patients are either uninsured or underinsured. The number of patients utilizing ED services as a primary access point to the healthcare system continues to increase.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$2,977,214 in FY 13-14 and \$3,753,826 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 12.47 FTE in FY13-14 and 16.20 FTE in FY14-15.

INITIATIVE TITLE: Emergency Department Clinical Decision Unit

Description		FY 2013-14	FY 2014-15
Sources:			
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 2,044,325	\$ 2,777,453
	Operating Expense	\$ 932,889	\$ 976,373
Subtotal Uses		\$ 2,977,214	\$ 3,753,826
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 2,977,214	\$ 3,753,826
Total FTE's		12.47	16.20

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
2430	Medical Evaluations Assistant	3.85	\$ 229,558	5.00	\$ 303,209
2320	Registered Nurse	8.62	\$ 1,191,652	11.20	\$ 1,582,162
Total Salary		12.47	1,421,210	16.20	1,885,371
Fringe		43.84%	623,115	47.32%	892,082
Total Salary and Fringe		12.47	\$ 2,044,325	16.20	\$ 2,777,453

Operating Expenses

Index Code	UCSF Aff Agreement (ED attending)	\$ 932,889	\$ 976,373
		\$ -	\$ -
		\$ 932,889	\$ 976,373

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Regulatory Changes to Pharmacy**

TARGETED CLIENTS: DPH clients receiving prescription services

PROGRAM CONTACT NAME/PHONE: David Woods 206-2332

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
3.08	4.00	830,238	974,712

PROGRAM DESCRIPTION: (Brief description of Program Change)

340B Pricing: San Francisco General Hospital (SFGH) and the Community Oriented Primary Care clinics (COPC) are eligible covered entities for the Federal 340B drug discount program and have participated in the program since 1993. This drug pricing program offers medications at a 40-60% discount from the Average Wholesale Price. Guidelines to safeguard against duplicate discounts and possible drug diversion to non-340B eligible patients and entities are established by the Health Resources and Services Administration (HRSA.) Covered entities that participate in the 340B program are expected to adhere to these HRSA guidelines and have internal processes in place to assure compliance.

WorkflowRx is a server-based software program that automates pharmacy inventory management. This perpetual inventory management system will ensure pharmacy inventory is accounted for from purchase through dispensing to patient. It will automate the ordering process, allow optimized use of automated dispensing cabinets and provide tools for controlling overall drug inventory costs.

JUSTIFICATION:

340B program requirements have become substantially more stringent since program inception. In order to maintain program compliance additional staff is needed to ensure 340B purchases for the CHN primary care clinics are distinctly separated from sites not eligible to participate in the 340B program. The CHN saves approximately \$3 million dollars annually in reduced medication expenditures from its participation in this drug pricing program.

Workflow Rx: The inpatient pharmacy held an inventory of \$2.8 million in FY 2011-2012 and currently the inventory management is manual. In implementing WorkflowRx, inventory will be tracked from order to dispensing to a patient. This will help reduce inventory on hand by increasing consistency and accuracy of ordering. Accurate ordering is essential in reducing drug spend and will also increase medication safety as products will be more consistent. WorkflowRx will keep a real-time accounting of the current stock and location of pharmaceutical product. It will also provide an audit trail on inventory adjustments and discrepancies, which is required for regulatory compliance.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

340B: All patients of SFGH and CHN clients who receive drug therapy from the SFGH Outpatient Pharmacy or the CHN Community Pharmacy Network are impacted.

Workflow Rx: Software implementation will allow the department's workforce to improve efficiency and contribute more time to patient care. As the pharmacy workload increases, these efficiencies will be vital in reducing the need for future increases in FTEs.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$830,238 in FY12-13 and \$974,712 in FY13-14.

IMPACT ON DEPARTMENT'S WORKFORCE:

There will be an increase of 3.08 FTEs in FY13-14 that annualized to 4.0 FTEs in FY14-15.

INITIATIVE TITLE: Regulatory Changes to Pharmacy

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 395,929	\$ 540,403
	Non Personnel Services	\$ 434,309	\$ 434,309
Subtotal Uses		\$ 830,238	\$ 974,712
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 830,238	\$ 974,712
Total FTE's		3.08	4.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
2406	Pharmacy Helper	1.54	\$ 105,735	2.00	\$ 137,658
2409	Pharmacy Tech	0.77	\$ 60,492	1.00	\$ 79,900
2450	Pharmacist	0.77	\$ 110,216	1.00	\$ 145,578
Total Salary		3.08	276,443	4.00	363,136
Fringe			119,486		177,267
Total Salary and Fringe		3.08	\$ 395,929	4.00	\$ 540,403

Operating Expenses

Index Code	Character/Subobject Code		
	Software Lease	\$ 34,309	\$ 34,309
	Pharmaceuticals	\$ 400,000	\$ 400,000
		\$ 434,309	\$ 434,309

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☒ Laguna Honda Hospital
☒ Primary Care
☒ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☒ Health At Home

PROGRAM / INITIATIVE TITLE: **Electronic Health Record (EHR) Meaningful Use (MU), & Virtual Desktop Interface/Infrastructure (VDI)**

TARGETED CLIENTS: Department of Public Health (DPH) clients

PROGRAM CONTACT NAME/PHONE: Greg Wagner, 554-2610

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
7.00	14.00	6,862,681	4,780,988

PROGRAM DESCRIPTION: (Brief description of Program Change)

Program Funding for: ongoing development of Electronic Health Records and related Centers for Medicare & Medicaid Services (CMS) MU Incentive Program compliance efforts, transition to ICD-10 (International Statistical Classification of Diseases and Related Health Problems) and Virtual Desktop Interface (VDI)

JUSTIFICATION:

Electronic Health Records (EHR) / Meaningful Use (MU) - CMS continually updates EHR / MU requirements and eligible entities must demonstrate compliance every year to avoid penalties in subsequent years. EHR / MU implementation costs must be adjusted to reflect the expenditures necessary to meet CMS Stage II final rule – released in August of 2012 – in order for DPH to continue to qualify for the incentive payments that partially fund this development as well as avoid financial penalties. There is no partial payment if all MU required measures are not met by 2015. CMS MU Stage II final rule establishes updates to the Stage I requirements and includes other program modifications that eligible providers must meet in order to avoid penalties. These requirements led certified vendors to release additional modules that require resources to implement and maintain. For example, a requirement to provide patient portals compelled DPH to look at a DPH-wide portal, yet another system that must interface with existing modules, including supporting components that allow seamless public interaction. This requirement not only increases vendor commitments but also requires additional in-house training and ongoing support.

ICD-10 (International Statistical Classification of Diseases and Related Health Problems) - ICD-10 is required for CMS billing in 2014.

Virtual Desktop Interface (VDI) - DPH, much like the rest of the healthcare industry, has fragmented IT infrastructure that includes a mix of legacy applications and custom/homegrown solutions that result in an expensive, inflexible and cumbersome workflow for caregivers. VDI provides a viable solution to overcome these challenges and achieve meaningful use of healthcare technology. With VDI, traditional desktop PCs are replaced with virtual machines that are securely hosted so that providers can access medical information quickly and securely. This integrated, service-optimized platform enables healthcare IT staff to deliver a consistently productive user experience that also allows better infrastructure cost controls, more meaningful data output and protection of patient information.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

MU implementation affects DPH's direct service clients at SFGH, LHH, COPC, Health at Home and Jail Health. In FY11-12, there were 333,145 Primary Care encounters; 229,258 Specialty Care encounters; 24,270 Urgent Care encounters; 61,073 Emergency Encounters; thus, a total of 647,746 encounters.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$6,862,681 in FY 13-14 and \$4,780,988 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 7.00 FTEs in FY13-14 and 14.00 FTEs in FY14-15.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Electronic Health Records / Meaningful Use ICD10 & Virtual Desktop Interface

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 1,069,176	\$ 2,200,060
	Non Personnel Services	\$ 5,793,505	\$ 2,580,928
Subtotal Uses		\$ 6,862,681	\$ 4,780,988
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 6,862,681	\$ 4,780,988
Total FTE's		7.00	14.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY13-14	FTE	FY14-15
0931	Manager III	0.50	\$ 65,402	1.00	\$ 132,412
1093	IT Operations Support Administrator III	0.50	\$ 41,838	1.00	\$ 84,703
1406	Clerk (6M)	0.50	\$ 26,639	1.00	\$ 54,186
1044	IS Engineer-Principal (SFGH & LHH)	1.00	\$ 136,468	2.00	\$ 276,290
1052	IS Business Analyst	1.00	\$ 92,381	2.00	\$ 187,032
1054	IS Business Analyst-Principal (SFGH & LHH)	1.00	\$ 123,792	2.00	\$ 250,627
1092	IT Operations Support Administrator II	0.50	\$ 33,826	1.00	\$ 68,483
2320	Registered Nurse	1.00	\$ 138,179	2.00	\$ 282,530
2112	Medical Records Technician (LHH)	1.00	\$ 68,000	2.00	\$ 138,318
Prem M	Premium Pay		\$ 25,644		\$ 27,809
			-		-
	Total Salary	7.00	752,169	14.00	1,502,390
	Fringe		317,007		697,669
	Total Salary and Fringe	7.00	\$ 1,069,176	14.00	\$ 2,200,060

Operating Expenses

Index Code	Character/Subobject Code		
	021/02700 Professional & Specialized Services	2,556,855	394,619
	021/02700 Professional & Specialized Services	(92,991)	(193,584)
	021/02761 Systems Consulting Services	306,567	352,040
	021/02786 UC Medical Services	1,211,532	1,094,753
	021/03111 Data Processing Equip Rental	215,980	82,236
	021/03141 Medical Equipment Rental	(142,317)	(106,541)
	021/03596 Software Licensing Fees	1,118,589	768,697
	040/04000 Materials & Supplies	560,400	51,990
	040/04921 Data Processing Supplies	-	120,000
	060/06100 Equipment Purchase	58,891	16,718
		\$ 5,793,505	\$ 2,580,928

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Neurosurgery Attending**

TARGETED CLIENTS: SFGH patients

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO / 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	347,200	363,384

PROGRAM DESCRIPTION: (Brief description of Program Change)

Request to fund program staffing required for mandatory regulatory compliance for Level-One Trauma Accreditation. This increase in funding to the UC Affiliation Agreement will fund a new .58 FTE attending physician to increase clinic efficiencies and capacity. To fund regulatory compliance staffing required for Level-One Trauma Accreditation. Additional .55FTE attending time will consist of: Medical Director; eReferral Reviewer and clinical time.

JUSTIFICATION:

In order to meet regulatory requirements as an ACS designated Level I Trauma Center and allow SFGH to continue to improve patient outcomes, the program needs an additional .58 FTE Neurosurgery Attending. Without this, the Level I Trauma Center at SFGH cannot continue to sustain the service.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

If not funded, Neurosurgery will be unable to provide services to patients requiring acute neurosurgical interventions. As a result, there will be 2 additional clinical sessions/week; thus, increasing annual visits by 440/year.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$347,200 in FY 13-14 and \$363,384 in FY 14-15. There are no additional revenues.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be no impact to CCSF's workforce.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Neurosurgery Attending

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
UCSF Affiliation Agreement		\$ 347,200	\$ 363,384
		-	-
Subtotal Uses		347,200	363,384
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 347,200	\$ 363,384
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE
-------	-------	-----

Fringe (FY 13-14 = 42% , FY 14-15 = 46%)

-	-
-	-
-	-
\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
	021/02786/UCSF Affiliation Agreement	\$ 347,200	\$ 363,384

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Anesthesia Tech**

TARGETED CLIENTS: SFGH patients

PROGRAM CONTACT NAME/PHONE: Valerie Inouye, 206-3599

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	204,330	213,488

PROGRAM DESCRIPTION: (Brief description of Program Change)

This program funds staffing required for regulatory compliance as articulated by The Joint Commission in the last accreditation survey of the hospital. The program changes will result in appropriate patient care set-up in the OR and in remote intensive clinical care environments.

JUSTIFICATION:

This request restores a prior cut that reduced patient throughput through the OR and other areas served by Anesthesia, e.g. Emergency Department, Intensive Care Unit and Obstetrics. Restoration of the funding will increase throughput and address regulatory requirements involving the provision of Anesthesia services identified by The Joint Commission. This restoration will allow the department to address deficiencies that directly affect patient safety, clinical outcomes, patient flow and Intensive Care Unit (ICU) bed availability.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Benefits all patients requiring Anesthesia support.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$204,330 in FY 13-14 and \$213,488 in FY 14-15. There are no additional revenues.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be no impact to CCSF's workforce.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Anesthesia Tech

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
UCSF Affiliation Agreement		\$ 204,330	\$ 213,488
		-	-
		-	-
Subtotal Uses		204,330	213,488
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 204,330	\$ 213,488
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

Fringe (FY 13-14 = 42% , FY 14-15 = 46%)

-	-
-	-
-	-
\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
	021/02786/UCSF Affiliation Agreement	\$ 204,330	\$ 213,488

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input checked="" type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH - Department Wide |

PROGRAM / INITIATIVE TITLE: **Children, Youth and Family Service Enhancement**

TARGETED CLIENTS: Foster Care Youth, or Youth at-risk-of Out of Home Placements

PROGRAM CONTACT NAME/PHONE: Kenneth Epstein 255-3439

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
5.39	12.78	None	None

PROGRAM DESCRIPTION: (Brief description of Program Change)

The following proposal includes three related initiatives of the Community Behavioral Health Services (CBHS), Children Youth and Family (CYF) section. All three are addressing the needs of children with behavioral health needs, many of whom are in Foster Care. The primary drivers of the proposal are new requirements related to the outcome of a State lawsuit ("Katie A."), State funding changes (Family Mosaic Project) following the realignment of State behavioral health funding in 2011, and partnering with the City's Human Services Agency (HSA) to maximize Federal MediCal reimbursement for children and youth services. The entire proposal will be funded with State and Federal funding.

Katie A. Settlement

As a result of a Settlement Agreement following a lawsuit between child and youth advocates on behalf of Foster Care children and the state of California each county is required to provide a specific and coordinated set of mental health services to children who are involved in the child welfare system, are MediCal eligible, meet medical necessity, and are either in or being considered for a variety of intensive services to meet their behavioral health needs. In addition, the agreement calls for a shared management structure, and the development of practice tools and practice improvement protocols (including training and quality assurance systems). All eligible youth must receive an assessment to determine potential follow-up needs.

To assist the counties with the implementation and to meet the ongoing service provision requirements of the Katie A. settlement, the State included a projected increase over prior year State General Fund monies provided to San Francisco (used to match and draw down Federal MediCal) in its 2011 Realignment funding allocation. In FY12-13, San Francisco was allocated an additional \$1,076,762 in State 2011 Realignment funding, which when used as a match to draw down an equal amount of Federal Medical funding would double available funding to \$2,153,524 to meet the Settlement requirements. The proposed funding is included in the subject proposal.

To respond to the increased requirements, and implementation deadlines, the Department will fund a combination of new civil service positions, along with an expansion of current community based organizations (CBOs) which were selected under a current RFP term for the same type of services. The civil service staff will be hired and placed in (a) the CBHS Foster Care Unit to perform the required assessments and less intensive and ongoing therapy needs, and (b) the Family Mosaic Program for more intensive service needs.

Family Mosaic Project (FMP)

The Family Mosaic Project is currently undergoing a restructuring as a result of the State's 2011 Realignment allocation which did not continue funding for the Family Mosaic Project (FMP) after June

30, 2013. However, CBHS will begin to draw down Federal MediCal, effective July 1, 2013, for an estimated value of \$983,199. These funds will be used to continue the FMP civil service team and its delivery of intensive wrap-around services to the clients enrolled in FMP, and through the additional resources provided by the State for Katie A. compliance, will expand the team to meet the capacity and service intensity requirements of the individuals covered under the Katie A. settlement.

Human Services Agency Partnership

CBHS will continue to partner with the Human Services Agency to maximize MediCal reimbursement for eligible services provided to youth, including services that will assist HSA in meeting its requirements related to the Katie A settlement agreement. This will also reduce HSA's reliance on City General Fund monies. HSA, in partnership with the Controller's Office, conducted an audit of State-wide programs, which, when MediCal certified, were able to receive MediCal reimbursement for eligible services. Through this audit, HSA has identified similar services in San Francisco which are currently supported by only the General Fund. Under this proposal, these agencies would become MediCal certified, and/or coaching would be provided to maximize billing and enhance staff documentation skills (in some already certified sites, as well). To support this initiative, DPH is requesting a total of \$500k in additional Federal MediCal. The General Fund match requirement to draw down the MediCal reimbursement would be provided by HSA from its existing budget.

JUSTIFICATION:

The Department is responsible for the provision of the required services to youth in Foster Care. These services are mandated, and due to the Katie A. settlement, DPH's responsibility to serve impacted youth has increased, both in the volume of clients and in the level of service intensity. The Department received additional State funding for this purpose. Additionally, with the loss of State funding for FMP, the FMP program is now able to draw down MediCal reimbursement, which will allow it to support the needs of the current FMP clients, as well as expand to offer its intensive service level to the expanded Katie A. population. The Department is proposing the use of civil service employees in FMP and the Foster Care units, in addition to the expansion of CBO's because the infrastructure already exists within these programs to implement the Katie A. requirements, efficiently, while retaining flexibility within the larger system of care to make adjustments as needed to ensure that the State's requirements are achieved. With respect to the Department's partnership with HSA, all MediCal expansion will eventually translate to General Fund savings for the City, and will enhance the level of services that the youth receive.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

All eligible youth must receive an assessment to determine potential follow-up needs. DPH estimates that of the approximately 1,200 children currently in foster care in San Francisco, approximately 500 of them are not clients of CBHS, and a majority will need ongoing mental health services. In addition there are 200 youth considered at risk of foster care or higher placement that DPH is also mandated to serve.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

The proposed initiative would increase revenues and expenditures by \$3,636,713, of which \$1,076,762 is State 2011 Realignment funding, and \$1,076,762 is the corresponding Federal MediCal match for the Katie A. requirements; \$983,189 is Federal Medical to support FMP; and \$500k is Federal Medical to support HSA programming.

IMPACT ON DEPARTMENT'S WORKFORCE :

In FY13-14, the Department's workforce would increase by 5.39 new FTE to begin the implementation of the new services to meet the Katie A. settlement requirements. Additionally, 4.0 FTE would be transferred from FMP State funding (which has been treated like a grant) to MediCal funding, resulting in no change to the City workforce. In FY14-15, the FY13-14 new positions would be annualized, and the remaining new positions to complete the hiring for the FMP and Foster Care units would be added, totaling 12.78 FTE in FY14-15.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Children, Youth and Family Services Enhancement

Description	FY 2013-14	FY 2014-15
Sources:		
Medi-Cal	\$ 2,559,951	\$ 2,559,951
2011 Realignment	1,076,762	1,076,762
Subtotal Sources	3,636,713	3,636,713
Uses:		
Salaries and Fringes 001 & 013	\$ 1,013,283	\$ 1,730,928
Professional Services - 027	2,623,430	1,905,785
	-	-
Subtotal Uses	3,636,713	3,636,713
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 0	\$ (0)
Total FTE's	5.39	12.78

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE				
2930	Psychiatric Social Worker	1.54	\$	137,712	2.00	\$ 178,847
2587	Health Worker III	1.54	\$	99,379	2.00	\$ 129,063
2586	Health Worker II	2.31	\$	136,215	3.00	\$ 176,903
2930	Psychiatric Social Worker		\$	-	0.77	\$ 68,856
2586	Health Worker II		\$	-	5.01	\$ 295,133
2587	Health Worker III (existing position)	-	\$	63,839		\$ 63,839
2930	Psychiatric Social Worker (existing position)	-	\$	88,464		\$ 88,464
2931	Marriage, Family and Child Counselor (existing position)	-	\$	88,464		\$ 88,464
2932	Senior Psychiatric Social Worker (existing position)	-	\$	92,520		\$ 92,520

Fringe (FY 13-14 = 42% , FY 14-15 = 47%)

5.39	706,593	12.78	1,182,090
	306,690		548,838
5.39	\$ 1,013,283	12.78	\$ 1,730,928

Operating Expenses

Index Code Character/Subobject Code

HMHMCP8828CH	\$ 500,000	\$ 500,000
HMHMKATIEGF	1,623,430	\$ 905,785
HMHMCP751594	500,000	\$ 500,000
	2,623,430	\$ 1,905,785

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input checked="" type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Substance Abuse 2011 Realignment**

TARGETED CLIENTS: San Franciscans needing drug & alcohol services

PROGRAM CONTACT NAME/PHONE: Jim Stillwell 415 255-3717

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
3.08	4.00	0	0

PROGRAM DESCRIPTION: (Brief description of Program Change)

The proposed initiative would budget the 2011 Realignment increase provided by the State to San Francisco in the amount of \$2,316,079. As of FY12-13, all State funding for behavioral health was realigned from the State to the County, (termed 2011 Realignment) meaning each county has become responsible for managing its risk within the 2011 Realignment funding level. The State provided funding in the following categories

Drug MediCal Services- \$135,143

This is the State's estimated value of increased reimbursement that will be earned by San Francisco County for providing Drug MediCal services. This represents the Federal share, or 50% of the value of these services. The County must provide the local match to the Federal share out of its 2011 Realignment allocation. The growth of Medi-Cal billable services in San Francisco is in Methadone treatment. If the Department doesn't incur these expenses, then there will be no State reimbursement for the Federal share

Bay Area Services Network (BASN)- \$168,964

The use of this funding is limited to alcohol and drug treatment for State Parolees. The proposed funding is a restoration of State funding for outpatient services to its prior year level, so does not represent an increased level of service.

Substance Abuse Prevention Treatment (SAPT) HIV Early Intervention- \$295,163

The use of SAPT HIV Early Intervention funding is limited to services identified in the Federal (CFR45) regulations, including HIV testing, HIV assessment, and purchasing and/or administering HIV medication at alcohol and drug treatment locations. The Department is proposing to utilize these services to support an increase in daily observed HIV medication at methadone treatment sites. In other words, when a client comes to receive his or her daily dose of Methadone, he will also receive his or her antiviral medication to ensure medication adherence.

Realignment - \$1,721,809***(a) Drug Court services -\$1,035,000***

This funding represents continuation of services which had previously been funded by State grants. As part of the implementation of 2011 Realignment, these recurring grant funds were realigned (i.e. moved to the Drug and Alcohol portion of the Behavioral health Sub Account), and therefore this increase is actually a continuation of the same level of prior year grant funded services. Specific services provided are client assessment and placement, outpatient group and individual treatment, ongoing case management, and aftercare.

(b) Misc. Drug and Alcohol Services- \$745,271

This funding represents an increase in the Department's allocation of State funding for drug and alcohol services, as a result of 2011 Realignment. Services must be used for drug and alcohol treatment services as defined by CFR45 to meet the requirements of the State's Federal Maintenance of Effort (MOE) funding level requirements. The funding would be used as follows:

- (i) A total of \$372,006 would be used to fund four (4) Health Worker III positions to provide individual and group drug and alcohol treatment at DPH operated primary care and mental health clinics. This would assist the Department with meeting the service integration and quality benchmarks included in the Affordable Care Act (ACA), which require drug and alcohol services be available in health clinics.
- (ii) As part of a Departmental pilot to test the effectiveness of medication to treat substance abuse, the proposed total of \$165,000 would be used to purchase drug and alcohol treatment medications, including Buprenorphine (Suboxone), Narcan (Naloxone inhalant), and Vivatrol (injectable Naltrexone), as well as fund an evaluation of treatment outcomes.
- (iii) A total of \$143,000 will be used to provide outreach, engagement, development and counseling services to children and youth from drug and alcohol abusing families. These funds will go to existing providers of this service, both to backfill a current year funding gap, and to enhance existing services.
- (iv) An amount of \$65,265 will support the cost of increased medical treatment for acutely addicted homeless individuals who are high users of multiple systems. This funding will be allocated to expand an existing provider currently delivering these services.

JUSTIFICATION:

The 2011 California Realignment resulted in a net increase in Drug Medi-Cal and other alcohol and drug services funding to all counties. In 2012, the State notified the counties that the funding will be subject to the Department of Drug and Alcohol Services' Maintenance of Effort (MOE) funding level requirements. As such, as a condition of receiving Federal Substance Abuse Prevention and Treatment Block Grant Funds (SAPT), the largest source of drug and alcohol funding for California, California is required to meet the Maintenance of Effort requirements. In effect, the State has 'realigned' accountability for the Maintenance of Effort agreement to the counties, and therefore DPH is obligated to expend this funding on eligible drug and alcohol services.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

325 Clients will benefit from improved medications and medication assisted treatment, and 200 additional treatment slots will be created

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Revenue & Expense increases of \$2,316,079 in both FY 13-14 and ongoing in FY 14-15. Of the total increase, an amount of \$1,035,555 for the Drug Court services will be offset by the elimination of the California Drug Court Grants totaling \$1,035,555.

IMPACT ON DEPARTMENT'S WORKFORCE :

This initiative will add 4.0 FTE 2587 Health Worker III positions (3.08 in FY13-14).

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Substance Abuse 2011 Realignment

Description		FY2013-14	FY 2014-15
Sources:			
	Drug Medi-Cal	\$ 2,316,079	\$ 2,316,079
Subtotal Sources		2,316,079	2,316,079
Uses:			
	Salaries and Fringes 001 & 013	\$ 276,702	\$ 372,006
	Operating Expenses	\$ 2,039,377	\$ 1,944,073
Subtotal Uses		2,316,079	2,316,079
Net General Fund Subsidy Required (savings)/cost Uses less Sources)			\$ 0
Total FTE's		3.08	4.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE				
587	Health Worker III	3.08	\$	194,861	4.00	\$ 253,066
	Fringe (FY 13-14 = 42% - FY 14-15 = 47%)			81,841		118,941
		3.08	\$	276,702	4.00	\$ 372,006

Operating Expenses

Index Code						
IMHSCCRES227	Materials and Supplies	\$	165,000	\$	165,000	
	Professional Services	\$	1,874,377	\$	1,779,073	
		\$	2,039,377	\$	1,944,073	

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | X DPH - Department Wide |

PROGRAM / INITIATIVE TITLE: **DPH Investments in Healthcare Reform**

TARGETED CLIENTS: All DPH Clients

PROGRAM CONTACT NAME/PHONE: Greg Wagner, 554-2610

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
15.16	29.00	\$553,390	\$1,521,370

PROGRAM DESCRIPTION: (Brief description of Program Change)

This program includes three initiatives identified by the department as critical for health care reform preparations. The initiatives resulted from extensive departmental planning processes over the past two years.

Healthcare reform will transition the healthcare industry from a volume based payment system to a value based payment system. In order to effectively manage costs, maintain revenues and provide quality care, DPH must make significant investments in its infrastructure to ensure that it minimizes its exposure to financial risks. In FY 13-15, DPH will focus on the following areas:

1. Cost Management through an **Office of Managed Care (OMC)** – This office would be responsible for contracting strategy with health plans, utilization management, marketing-branding, data reporting, quality improvement, provider services, etc. This proposal does not create a health plan within the Department. DPH's OMC will be developed to (1) manage resources more effectively to maximum benefit of clients and (2) reduce misuse, overuse and underuse of services. The focus of OMC will be in four areas: contract, financial, clinical and utilization. In doing so, it will promote financial and operational efficiency and manage financial risk as DPH shifts from a fee for service to managed care model. The OMC will improve internal operations which will be increasingly important as more Department clients become insured via managed care. This OMC will enable the Department to have a coherent and strategic approach to its health plan partners (current and future). In addition, OMC will better position the Department as a provider of choice as California prepares for the implementation of the Affordable Care Act in January 2014. This will allow the Department to continue serving its current uninsured population that will obtain health care coverage.

2. Implementation of **Integrated Delivery System** planning process recommendations. In FY 2010-11, DPH underwent an internal planning process focused on strengthening and integrating its delivery system in response to health reform. The goal is to create a comprehensive system of care that is clinically and financially accountable to provide coordinated health services. From this process, there were over 40 recommendations made in policy and strategic oversight, system development and change management, and operational and administrative infrastructure. Most of these recommendations are being implemented within existing resources and do not require new funding requests. However, the process identified critical shortfalls in departmental capacity for case management and utilization management among others, which requires additional position authority.

3. Regulatory Reporting and Support for State and Federal Programs. DPH currently lacks the organizational infrastructure to implement data-driven cost management and effectively monitor key outcome data that are increasingly driving reimbursement. DPH needs enhanced data reporting and analysis expertise to collect and procure timely data on utilization and costs of service to evaluate and address current trends in real time to effectively manage care and expenditures. The budget initiative creates capacity in technical expertise for developing and maintaining reports from our clinical and billing systems and analytical decision support convert data to actionable operational recommendations. Lastly, changes in state and federal reimbursement policies, in particular the shift to managed care, require added patient financial services capacity to effectively bill and collect revenue in a more administratively complex environment.

JUSTIFICATION:

These initiatives are designed to create infrastructure necessary to protect and grow revenues under the Affordable Care Act (ACA). These functions are common in most health care organizations, but absent in DPH. If DPH lacks the tools to participate in the new environment, it faces the possibility of its revenues eroding and weakening the safety net for the most vulnerable. The initiative is designed to respond to the following coming changes:

Increased Coverage and Decreased Compensation for the Uninsured: The expansion of Medicaid eligibility and the creation of health insurance exchanges will increase coverage for many of our patients who are currently uninsured.

Increased Competition for Current/New Clients: Due to the increased coverage, other providers may choose to compete for our existing clients that previously had no choice in healthcare providers. It is critical that DPH remain competitive to retain its existing clients as well as attract new clients to retain a favorable payor mix.

Shift From Fee for Service to Managed Care Model: As our funding shifts from fee for service to managed care with a fixed capitated rate for each patient, DPH must shift its business model from one focused on volume of services to one that effectively manages the cost of caring for its patients. To manage this change effectively, DPH must implement a significant culture change in our providers and business model to focus on:

- Patient experience – including wait times and accessibility to care
- Infrastructure – to ensure our delivery system can provide the services we need efficiently
- Cost containment – including increased analysis and oversight over patient panels and providing preventative care in primary care clinics.
- Increased care coordination – to reduce inefficiencies and improve the quality of care

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

These initiatives will improve access to care and patient experience throughout the DPH system.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

While these requests are significant, they are necessary to effectively reduce costs, meet performance standards, and avoid revenue shortfalls.

IMPACT ON DEPARTMENT'S WORKFORCE :

N/A

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Investments for Healthcare Reform

Description		FY 2013-14	FY 2014-15
Sources:	Capitated Revenues	\$ 603,062	\$ 819,789
Uses:	Salary and Benefits	\$ 2,439,471	\$ 4,476,690
	Non Personnel Services	\$ (1,283,019)	\$ (2,135,531)
Subtotal Uses		\$ 1,156,452	\$ 2,341,159
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 553,390	\$ 1,521,370
Total FTE's		15.16	29.00

New Positions (List positions by Class, Title and FTE)

Office of Managed Care

Class	Title	FTE	FY13-14	FTE	FY14-15
942	Manager VI	0.77	\$ 133,954	1.00	\$ 176,103
931	Manager III - HSF	0.77	\$ 100,720	1.00	\$ 132,412
2818	Senior Health Planner HSF	0.77	\$ 66,819	1.00	\$ 88,247
1824	Principal Admin Analyst	0.77	\$ 86,762	1.00	\$ 52,172
1054	IS Business Analyst - Principal	0.50	\$ 61,896	1.00	\$ 125,313
2119	Healthcare Analyst	0.50	\$ 42,446	1.00	\$ 85,935
2920	Medical Social Worker	0.50	\$ 44,232	1.00	\$ 88,464
2820	Senior Health Planner	0.50	\$ 51,737	1.00	\$ 102,186
Total Salary		5.08	\$ 588,565	8.00	\$ 850,832
Fringe			\$ 246,757		\$ 385,555
Total Salary and Fringe		5.08	\$ 835,322	8.00	\$ 1,236,387

Operating Expenses

Professional Services	150,000	250,000
Profession Services (HSF Private Provider Payments)	(300,019)	(371,694)
Human Services Agency Workorder	30,000	30,000
LIHP Out of Network Expense	(2,000,000)	(3,000,000)
	(2,120,019)	(3,091,694)

OMC total 5.08 \$ (1,284,697) 8.00 \$ (1,855,307)

IDS

Class	Title	FTE	FY13-14	FTE	FY14-15
1241	Personnel Analyst	0.50	\$ 87,036	1.00	\$ 176,210
1244	Senior Personnel Analyst	0.50	\$ 50,861	1.00	\$ 102,972
1204	Sr Personnel Clerk	0.25	\$ 16,552	0.50	\$ 33,669
2320	Registered Nurse	3.08	\$ 425,591	4.00	\$ 565,060
2119	Healthcare Analyst	0.50	\$ 65,367	1.00	\$ 85,935
Total Salary		4.83	\$ 645,407	7.50	\$ 963,846
Fringe			\$ 277,719		\$ 450,975
Total Salary and Fringe		4.83	\$ 923,126	7.50	\$ 1,414,821

Operating Expenses

Training	\$ 35,000	\$ 40,000
Business Intelligence - UM/Discharge Dashboard/Coordinated Care	\$ 250,000	\$ -
Software - Unique Identifier System	\$ -	\$ 666,163
	\$ 285,000	\$ 706,163

Total IDS 4.83 \$ 1,208,126 \$ 2,120,984

Regulatory Reporting & Support for Federal & State Programs

Class	Title	FTE	FY13-14	FTE	FY14-15
1053	IS Business Analyst Assistant	0.50	\$ 53,481	1.00	\$ 108,276
1054	IS Business Analyst Principal	0.50	\$ 61,896	1.00	\$ 125,313
1824	Principal Administrative Analyst	0.50	\$ 56,339	1.50	\$ 171,095
1664	Patient Accounts Manager	1.00	\$ 95,285	1.50	\$ 145,364
2119	Health Care Analyst	(1.00)	\$ (84,892)	(1.00)	\$ (85,935)
0922	Manager I	0.50	\$ 56,498	1.00	\$ 114,384
2908	Hospital Eligibility Worker	0.50	\$ 36,595	1.00	\$ 74,436
1637	Patient Accounts Clerk	1.50	\$ 105,320	5.00	\$ 357,045
2119	Healthcare Analyst	1.25	\$ 106,115	2.50	\$ 214,838
Total Salary		5.25	\$ 486,636	13.50	\$ 1,224,815
Fringe			\$ 194,387		\$ 600,668
Total Salary and Fringe		5.25	\$ 681,023	13.50	\$ 1,825,482

Operating Expenses

Systems Consulting/Software & Maintenance - Cost Accounting	527,000	225,000
Systems Consulting/Software & Maintenance - 'i to i	25,000	25,000
	552,000	250,000

Total Regulatory and Federal & State Support \$ 1,233,023 \$ 2,075,482

\$ 1,156,452 \$ 2,341,159

7.62

Initiative Number F2**2013-14 and 2014-15 Program Change Request****DIVISION AND SECTION:**

- | | | |
|---|--|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input checked="" type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input checked="" type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: Center Directors in Community Oriented Primary Care (COPC) and Community Behavioral Health Services (CBHS)

TARGETED CLIENTS: Clients/Patients of COPC and CBHS

PROGRAM CONTACT NAME/PHONE: Bill Blum/255-3586

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
2.0	6.0	247,758	889,355

PROGRAM DESCRIPTION: (Brief description of Program Change)

Starting in FY 13-14, Community Programs is proposing to reestablish a total of 16 Center Directors over four years, 12 for each of the Community Oriented Primary Care Clinics (COPC) and 4 for the Adult/ Older Adult, and Transitional Aged Youth (TAY) outpatient behavioral health clinics. The first four will be added in January 2014 and an additional four in January 2015, with the remaining eight Center Directors in subsequent years. This would establish full-time Center Directors at eight out of 15 CBHS Adult/Older Adult and Transitional Aged Youth clinics by the end of FY 14-15.

JUSTIFICATION:

DPH must invest in the infrastructure of its clinics to maximize productivity and improve quality. Effective leadership will ensure that services are well coordinated (from admission to discharge), timely, accessible, culturally competent, appropriate and effective, (including making decisions regarding challenging clients). In prior years, clinic leadership was reduced or eliminated to achieve efficiencies or savings and the management function was added to the duties of existing staff. However, given the critical role that primary care will play in healthcare reform, DPH must manage its clinics effectively to improve the health of our patients, avoid unnecessary costs and meet quality standards.

Strong oversight creates efficiency and the optimal use of resources, and allows the clinic to ensure that services are coordinated and that policies and procedures are correctly followed. Center Directors are responsible for ensuring client satisfaction and creating an environment that is safe and welcoming for both clients and staff. Dedicated Center Directors will be available to focus on clinic based, quality improvement projects. Finally, Center Directors as oversee personnel hiring, coaching, training, supervision, scheduling and discipline, ensuring that optimal staffing levels will be maintained to meet the demands of clients. Furthermore, with the daily operations managed by a full-time Center Director at COPC and CBHS Clinics, clinical staff, including physicians and psychiatrists are freed up to increase their time providing services to clients, increasing the number of clients seen and consequently revenues.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

COPC clinics annually see over 42,000 unduplicated clients with complex health needs. COPC's clinic population is disproportionally poor, marginally housed, and of ethnic minority with complex health needs. Currently, CBHS's TAY and Adult & Older Adult outpatient civil service clinics provide mental health assessment and treatment to 8,947 unduplicated clients with serious mental health diagnoses. Due to the proposed inclusion of substance abuse treatment as an essential health benefit and the expected increase in MediCal eligibility under Health Care Reform, along with mandated behavioral health parity, the number of behavioral health clients is expected to continue to grow.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

FY13-14: Increase to 001/013 Personnel and Fringe Benefits of \$247,758. FY14-15: Increase to 001/013 Personnel and Fringe Benefits of \$889,355.

IMPACT ON DEPARTMENT'S WORKFORCE :

FY13-14: Increase of 1.0FTE 0922 Manager I and 1.0 FTE 2593 Health Program Coordinator.
FY14-15 Increase of 1.0FTE 0922 Manager I and 1.0 FTE 2593 Health Program Coordinator. Overall increase of 8.0 FTE annualized.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Establish Clinic Managers in CBHS and COPC FY1315

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Salary & Fringes		\$ 247,758	\$ 889,355
		-	-
		-	-
Subtotal Uses		-	-
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ -	\$ -
Total FTE's		2.00	6.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
0922	Manager I (COPC) 2	1.00	\$ 112,996	2.00	\$ 228,768
0922	Manager I (COPC) 2			1.00	\$ 114,384
2593	Health Program Coordinator 2 (CBHS)	1.00	\$ 96,880	2.00	\$ 196,140
2593	Health Program Coordinator 2 (CBHS)			1.00	\$ 98,070
2320	Registered Nurse (CBHS)	(1.00)	\$ (138,179)	(1.00)	\$ (141,265)
2593	Health Program Coordinator 3 (CBHS)	<u>1.00</u>	<u>\$ 96,880</u>	<u>1.00</u>	<u>\$ 98,070</u>
		2.00	168,577	6.00	594,167
			79,181		295,188
			\$ 247,758		\$ 889,355

Operating Expenses

Index Code	Character/Subobject Code
HCHAPADMINGF	
HMHMCC730515	

\$ - \$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

7.64

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input checked="" type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input type="checkbox"/> DPH - Department Wide |

PROGRAM / INITIATIVE TITLE: Establish Weekends/Evenings Clinic to Maximize Access

TARGETED CLIENTS: DPH-COPC Patients/Clients

PROGRAM CONTACT NAME/PHONE: Bill Blum/255-3586

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
1.70	3.50	\$253,288	\$532,246

PROGRAM DESCRIPTION: (Brief description of Program Change)

The proposed initiative would provide additional staffing to enable the Community Oriented Primary Care (COPC) system to provide expanded evening/weekend clinics hours. This would allow COPC to better serve individuals who are unable to make appointments during traditional office hours. Additionally, for COPC to remain competitive and receive maximum revenue reimbursement following the implementation of the Affordable Care Act (ACA), DPH is developing a patient centered package of services that will attract patients to select or retain DPH as their health care provider, when other health care options become available. Currently weekend and evening services are only offered to special populations from within the COPC system. This proposal would allow the Department to expand up to eight clinic sessions per week, including both evening and weekend hours. The proposed additional clinics would be implemented in one or more of the following clinic locations: 1) Chinatown Public Health Center (CPHC), 2) Castro Mission Health Center (CMHC), or 3) Ocean Park Health Center (OPHC). The actual implementation will be based on demonstrated need and projected utilization.

JUSTIFICATION:

This proposal has many benefits, including: accommodating the needs of patients to retain them within the DPH system; attract new patients who seek after-hours health care options; allow DPH to meet one of its ACA milestones, a requirement for revenue reimbursement; improve access and alleviate the strain for COPC clinics that have reached maximum capacity for accommodating new patients during regular hours, and; offset COPC's existing revenue deficit by expanding revenue generation.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

One Primary Care Provider (PCP) currently carries a panel size of 1,200 patients. As this proposal will fund 1.10 FTE, it is expected that this many clients will receive services. The remaining positions are support positions to the PCP, as part of the required health care team to achieve productivity standards.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Increase in Expense by \$253,288 in FY13-14 and \$532,246 in FY14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

In total, the following 3.50 FTE would be added: 1.10 FTE 2230 Physician Specialist, .60 FTE 2430 Medical Evaluations Assistant (MEA), .60 FTE 2586 Health Worker II, .6 FTE 2903 Eligibility Worker, and .6 FTE 2736 Porter position. In FY13-14, the positions would begin January, 2014 and reflect an equivalent 1.70 FTE.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Establish Weekends/Evenings Clinic to Maximize Access (COPC)

Description	FY 2013-14	FY 2014-15
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salary & Fringes	\$ 253,288	\$ 532,246
	-	-
	-	-
Subtotal Uses	-	-
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ -	\$ -
Total FTE's	1.75	3.50

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
2230	Physician Specialist (MD)	0.55	\$ 108,022	1.10	\$ 222,384
2430	Medical Evaluations Assistant (MEA)	0.30	\$ 17,888	0.60	\$ 36,385
2586	Health Worker II	0.30	\$ 17,501	0.60	\$ 35,597
2903	Eligibility Worker	0.30	\$ 19,152	0.60	\$ 38,956
2736	Porter	0.30	\$ 16,102	0.60	\$ 32,753
		1.75	178,664	3.50	366,075
			74,624		166,170
			\$ 253,288		\$ 532,246

Operating Expenses

Index Code	Character/Subobject Code		
HCHAPADMINGF		\$ -	\$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

7.66

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|---|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBIIS - Mental Health |
| <input type="checkbox"/> Jail Health | <input checked="" type="checkbox"/> Public Health/CP MCAH | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Young Black Women's Health**

TARGETED CLIENTS: Adolescent girls and women of childbearing age.

PROGRAM CONTACT NAME/PHONE: Mary Hansell, MCAH Director/415-575-5671

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
.77	1.0	76,468	103,587

PROGRAM DESCRIPTION: (Brief description of Program Change)

This is a pilot initiative intended to improve the health of African American women before pregnancy, and reduce disparities in pregnancy and birth outcomes. A Maternal, Child and Adolescent Health (MCAH) Public Health Nurse (PHN) hired under this initiative would lead efforts to improve access to high quality pre-conception health care for African American women of reproductive age, primarily through collaboration with primary care providers (COPC) and the San Francisco Health Plan (SFHP). Secondly, the PHN will partner with community based organizations and engage African American girls and women to assist them to overcome obstacles to accessing health care, e.g., transportation, child care, insurance coverage and lack of valuing the service. The PHN would (a) work through established MCAH programs (e.g., Black Infant Health, Family Planning, WIC, CPSP), COPC providers and the SFHP to identify health system barriers to accessing high quality preconception care, and (b) plan, implement and evaluate service improvements.

JUSTIFICATION:

The initiative is focused on a problem that has been identified by epidemiological analyses of health access and health data in San Francisco. No other organization is focusing on this problem in this population. One PHN will pilot the approach and outcomes will be evaluated.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Number affected: During the pilot, the PHN would focus work on the COPC clinics serving African American girls and women in the Southeast quadrant and Western Addition, for example, Southeast Health Center, Third Street Clinic, Maxine Hall Health Clinic and Cole Street Youth Clinic. The pilot project would affect patients receiving women's health, family planning and post partum services.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Total Expenses will increase by \$152,936 in FY1314 and by \$207,173 in FY1415.
Grants will cover 50%

IMPACT ON DEPARTMENT'S WORKFORCE :

Addition of 1.0 FTE 2830 Public Health Nurse

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Young Black Women Health Initiative

Description		FY 2013-14	FY 2014-15
Sources:			
MCAH Grant		\$ 76,468	\$ 103,587
Subtotal Sources		76,468	103,587
Uses:			
Salaries and Fringe		\$ 150,936	\$ 205,173
Operating Expense		2,000	2,000
Subtotal Uses		152,936	207,173
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 76,468	\$ 103,587
Total FTE's		0.75	1.0

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE			
2830	Public Health Nurse	0.77	\$ 106,398	1.00	\$ 141,265
			106,398		141,265
	Fringe (FY 13-14 = 42% , FY 14-15 = 47%)		44,538		63,908
			\$ 150,936		\$ 205,173

Operating Expenses

Index Code	Character/Subobject Code		
HCHPMADMGF		\$ 1,000	\$ 1,000
HCHPMCHADGR	HCPM03 1400 - MCAH Grant	\$ 1,000	\$ 1,000

Facilities Maintenance, and Equipment (List by each item by count and amount)

	N/A		
Totals	\$	152,936	\$ 207,173

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: MD Access Initiatives

TARGETED CLIENTS: Patients at San Francisco Department of Public Health (SFDPH)

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO / 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
0.50	1.00	1,247,916	1,451,451

PROGRAM DESCRIPTION: (Brief description of Program Change)

In recent years, the increased demand stemming from Healthy San Francisco, the economic downturn, the need to keep capitated Seniors and Persons with Disabilities (SPDs) in-network, the attrition in volunteer faculty, and the external regulatory mandates regarding wait-times for ambulatory services, have significantly impacted specialty services at SFGH. This initiative will address issues of capacity, access and wait-times in the ambulatory arena.

JUSTIFICATION:

Current wait times in some specialty clinics pose regulatory challenges and patient safety concerns. Investments to reduce or prevent increases in wait times will result in more expeditious diagnosis and management of care. Timely access to appropriate care is key to a high functioning, integrated delivery systems that contributes to financial and operational efficiency.

If access standards are not met for the (Low Income Health Program) LIHP patient population, there could be funding reductions from the Safety Net Care Pool of approximately \$1 million annually. Also, if there is lacking specialty care capacity for Healthy San Francisco patients and these patients are sent to non-DPH providers, there could be an additional annual \$1-2 million out of network cost to SFGH

The following services or expertise needs were selected for this program due to current significant wait times, the need for increased proficiency or the maintenance of a critical service: Trauma Surgery Clinic; Liver Clinic; Nephrology oversight; increasing OB/Gyn capacity; Oral Surgery; Pediatrics ICU; Neurology regulatory requirements; and the Geriatrics e-Referral and Clinical Service pilot.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

There are approximately 150,000 individuals who receive care in the safety net and nearly all patients require a specialist referral during their care.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$1,247,916 in FY 13-14 and \$1,451,451 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 0.50 FTE in FY13-14 and 1.00 FTE in FY14-15.

INITIATIVE TITLE: SFGH Access Initiatives

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 146,093	\$ 266,357
	Operating Expense	\$ 1,101,823	\$ 1,185,094
Subtotal Uses		\$ 1,247,916	\$ 1,451,451
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 1,247,916	\$ 1,451,451
Total FTE's		0.50	1.00

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2328	Nurse Practitioner	0.50	\$ 92,233	1.00	\$ 188,585
	Total Salary	0.50	92,233	1.00	188,585
	Fringe		53,861		77,772
	Total Salary and Fringe	0.50	\$ 146,093	1.00	\$ 266,357

Operating Expenses

Index Code	Character/Subobject Code		
	UCSF Affiliation Agreement / Surgery - Trauma Surgeon	304,668	318,869
	UCSF Affiliation Agreement / Trauma Surgery Clinic	67,515	102,574
	UCSF Affiliation Agreement / Medicine/GI - Liver Clinic Attending	35,650	37,312
	UCSF Affiliation Agreement / Medicine - Nephrology Attending	19,375	20,278
	UCSF Affiliation Agreement / OB/Gyn Attending	281,356	294,471
	UCSF Affiliation Agreement / Oral Surgery Attending	148,742	155,675
	UCSF Affiliation Agreement / Pathology Attending	30,474	31,895
	UCSF Affiliation Agreement / Pediatrics Attending	50,673	53,035
	UCSF Affiliation Agreement / Neurology Attending	128,960	134,971
	UCSF Affiliation Agreement / Geriatrics e-Referral and Clinical Service	34,410	36,014
	Total UCSF Affiliation Agreement	\$ 1,101,823	\$ 1,185,094

Facilities Maintenance, and Equipment (List by each item by count and amount)

7.70

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: UCSF Affiliation Agreement Services

TARGETED CLIENTS: Patients at San Francisco Department of Public Health (SFDPH)

PROGRAM CONTACT NAME/PHONE: Sue Currin, CEO / 206-3517

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
0.15	0.20	526,849	638,718

PROGRAM DESCRIPTION: (Brief description of Program Change)

The following programs require enhancements and are necessary for SFDPH to address the health needs of San Franciscans, with a special emphasis and commitment to serving the City's most vulnerable, diverse populations.

JUSTIFICATION:

Sleep Study Program Redesign: To decrease wait-times; accommodate increased demand; improve quality of care; decrease testing costs; the in-lab sleep studies will be eliminated at SFGH. Testing will be done through a home sleep testing (HST) vendor and UCSF Medical Center at Mt. Zion.

Audiology Services: The current wait-time is ~8 months. Increasing audiology services from 20 hrs/week to 40-48 hrs/week will decrease wait-times and improve early detection of hearing loss.

Ophthalmology – 4M Eye Clinic: This program will address the growing number of clients for the current 4M Eye Clinic, the Pediatric Ophthalmology Program and the new Tele-ophthalmology Program targeted to the 6,000 registered diabetics in SF.

HIV Hepatitis Co-Infection Clinic (Ward 86): To continue a service that treats hepatitis C virus (HCV) patients. Forty percent of HIV-positive patients within the CHN are co-infected with HCV, amounting to over 1,500 patients. As treatments for HIV extend the lives of individuals with HIV, liver disease caused by HCV emerges as a major cause of morbidity.

GMC Medical Director: This expanded position will ensure meeting Centers for Medicare and Medicaid Services (CMS) milestones by improving no-show rates and increasing attending physician precepting/residents' clinic sessions to CMS benchmarks.

Urgent Care Cardiology Clinic: The current wait-time is 53 days. This program will allow high-risk patients to be seen within 7 days of scheduling an appointment. The Clinic has the capacity to deliver patient services that would address SFDPH's fundamental goal of decreasing medical complications, emergency visits and hospitalizations.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Sleep Study Program Redesign: Current wait-times of 240 days will be reduced to 30 days. The number of sleep studies will increase from 268/year to 672/year. **Audiology Services:** The decrease in wait-time will allow patients to be seen by an Otolaryngologist in a timely manner so that they may seek appropriate care sooner. **Ophthalmology – 4M Eye Clinic:** The additional technicians will allow the Eye Clinic to serve an additional 8,000 individuals who would otherwise not receive proper eye care.

HIV Hepatitis Co-Infection Clinic (Ward 86): This program affects approximately 126 clients annually.

GMC Medical Director: This position will increase units of services by 1,119 and increase new, unduplicated clients by 193. **Urgent Care Cardiology Clinic:** Eight additional patients per week will be served for an additional total of 416 patients annually.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$526,849 in FY 13-14 and \$638,718 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 0.15 FTE in FY13-14 and 0.20 FTE in FY14-15.

INITIATIVE TITLE: UCSF Affiliation Agreement Services

Description		FY 2013-14	FY 2014-15
Sources:			
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 67,773	\$ 73,183
	Operating Expense	\$ 459,076	\$ 565,535
Subtotal Uses		\$ 526,849	\$ 638,718
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 526,849	\$ 638,718
Total FTE's		0.15	0.20

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE		FTE	
2430	Medical Evaluations Assistant	.015	\$ 8,944	0.20	\$ 12,128
TEMPM_E	Temporary - Miscellaneous	0.00	50,046	0.00	50,046
Total Salary		0.15	58,990	0.20	62,174
Fringe		14.89%	8,783	17.71%	11,009
Total Salary and Fringe		0.15	\$ 67,773	0.20	\$ 73,183

Operating Expenses

Index Code	Character/Subobject Code		
	UCSF Affiliation Agreement / Sleep Study Program	\$ 151,824	\$ 197,174
	UCSF Affiliation Agreement / Audiology Services	\$ 49,280	\$ 64,344
	UCSF Affiliation Agreement / 4M Eye Clinic	\$ 113,820	\$ 154,443
	UCSF Affiliation Agreement / HIV Hepatitis Co-Infection Clinic	\$ 16,559	\$ 17,331
	UCSF Affiliation Agreement / GMC Medical Director	\$ 58,056	\$ 60,762
	UCSF Affiliation Agreement / Urgent Care Cardiology Clinic	\$ 32,550	\$ 34,067
	Materials & Supplies	\$ 36,987	\$ 37,414
		\$ 459,076	\$ 565,535

Facilities Maintenance, and Equipment (List by each item by count and amount)

2012-13 and 2013-14 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: Orthotics and Prosthetics M/Cal SPD and SFPATH

TARGETED CLIENTS: MediCal Managed Care SPD and SFPATH

PROGRAM CONTACT NAME/PHONE: Roland Pickens, 206-3528

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
-	-	\$453,200	\$453,200

PROGRAM DESCRIPTION: (Brief description of Program Change)

This funding ensures that SFGH is able to meet increasing patient volume and fund increasing Orthotics and Prosthetics medical supply costs for the MediCal Managed Care Senior and Persons with Disabilities (SPD) and SFPATH populations.

JUSTIFICATION:

Inpatient and outpatient orthopedic medical supply costs – used for patients' injury/illness mitigation and recovery – continues to increase. Increases in patient care volume is caused by (1) the state mandated transition of SPDs from Fee For Service MediCal to Managed Care and (2) the creation of the SFPATH Program that prepares more citizens for Federal Health Care Reform Medicaid Coverage in 2014. Costs for orthopedic medical supplies have also increased significantly. Thus, increasing patient volume and increasing medical supply costs require budget augmentation.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Additional 2,500 New Patients were added to the DPH system in FY 11-12.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$453,200 in FY 13-14 and \$453,200 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There is no CCSF workforce impact.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Orthotics and Prosthetics M/Cal SPD and SFPATH

Description		FY 2013-14	FY 2014-15
Sources:			
Inpatient Revenues (see financials)		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
		\$ 453,200	\$ 453,200
		-	-
		-	-
Subtotal Uses		453,200	453,200
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 453,200	\$ 453,200
Total FTE's		0.0	0.0

New Positions (List positions by Class, Title and FTE)

Class Title FTE

Fringe (FY 13-14 = 42% , FY 14-15 = 46%)

-	-
-	-
-	-
\$ -	\$ -

Operating Expenses

Index Code	Character/Subobject Code		
	Materials and Supplies	\$ (148,000)	\$ (148,000)
	UC Contract - Medical Supplies	\$ 601,200	\$ 601,200
	Total	\$ 453,200	\$ 453,200

2,74

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ X Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: LHH Clinical Pharmacist Clinics

TARGETED CLIENTS: LH Residents

PROGRAM CONTACT NAME/PHONE: Michelle Fouts (415) 682-5782

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
0.50	1.00	(\$64,872)	\$41,569

PROGRAM DESCRIPTION: (Brief description of Program Change)

Initiation of pharmacist clinics for anticoagulation clinic for LH residents receiving warfarin, transition clinic for LH residents preparing for discharge to independent living and medication therapy management for annual comprehensive medication review.

Anticoagulation Clinic: LH has 68 residents currently receiving warfarin. The medication requires intense monitoring to assure safe use. Warfarin is a complex medication that is recommended to be managed via a systematic process by a knowledgeable provider utilizing clearly outlined protocols. Current limitations of the LH anticoagulation monitoring program are the delay in lab results that contribute to late order changes. Moving the monitoring to the clinic setting with POCT will streamline the process, potentially decrease medication errors and provide revenue through the clinic visit.

Transition Clinic and Medication Therapy Management.

National Patient Safety Goals and upcoming HACAP indicators stress improved communication regarding medications during transitions in care. In working toward an improved integrated delivery system LH is working on improving patient flow which includes increasing successful discharges to the most appropriate level of care. Adverse drug events are common reasons for readmission. Adequately preparing residents to manage their own medications post LH is a key component to safe discharge to independent living. Additionally, there is a new requirement for select Medicare Part D participants in SNF setting to have an annual comprehensive medication review that is separate from the routine medication regimen review.

JUSTIFICATION:

Anticoagulation Clinic; Pharmacist-run anticoagulation service is common in the VA health system, managed care (e.g.Kaiser) and tertiary care settings throughout the United States. Data is available that a pharmacist-run anticoagulation service can improve care, reduce complications, reduce hospitalizations and emergency room visits and reduce overall costs. This provides a systematic process of managing oral anticoagulation, while freeing physicians to attend to other patient-care responsibilities. The proposed anticoagulation clinic would utilize a point of care testing model. LH residents would be scheduled for clinic visits at a frequency determined by protocol based on the stability of their warfarin regimen and lab results. The pharmacist would review the medical record and results of INR testing and make adjustments per the protocol. Each clinic visit would be documented in the EHR. The visits would be billed thru the medical clinic. Based on current patient load anticipate 40 to 50 clinic visits per week.

Medication Therapy Management and Transition Clinic. Insures safe, effective, and cost-efficient medication therapy is implemented for LH residents requiring annual comprehensive medication review via Medicare Part D and provides continuity of care, transition of care, and discharge services as appropriate. Medicare Part D is mandated to provide all qualifying participants in SNF setting with an

annual comprehensive medication review that is separate from the medication regimen review process. The clinic could also be utilized for training of residents as they approach discharge. Pharmacist would provide follow up with each resident post discharge to triage medication problems. Volume will be variable but anticipate average of 10 clinic visits per week.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

LH residents anticipate up to 50 clinic visits per week

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Labor and pharmaceutical material supply expenses will increase by \$117,952 in FY 13/14 and by \$233,533. Revenue will increase by \$182,823 in first year and by \$191,964 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE :

Increased by 0.50 FTE in FY 13/14 and annualized to 1.00 FTE ongoing.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH Clinical Pharmacist Clinics

Description		FY 2013-14	FY 2014-15
Sources:			
Medicare Part D & Medi-Cal Revenue		\$ 182,823	\$ 191,964
Subtotal Sources		182,823	191,964
Uses:			
Salary & Fringe		\$ 107,632	\$ 224,381
Operating Expenses		10,320	9,152
Subtotal Uses		117,952	233,533
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ (64,872)	\$ 41,569
Total FTE's		0.50	1.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY 14-15
2454	Clinical Pharmacist (PP14)	0.50	78,891	1.00	160,470
			-		-
		0.50	78,891	1.00	160,470
Fringe (FY 13-14 = 36% , FY 14-15 = 40%)			28,741		63,911
			107,632		224,381

Operating Expenses

Index Code	Character/Subobject Code		
HLH448803	040/04000 Materials Supplies	\$ 10,320	\$ 9,152

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: Neurobehavioral Day Program

TARGETED CLIENTS: SNF Patients with Complex Medical and Behavioral Issues

PROGRAM CONTACT NAME/PHONE: Madonna Valencia, RN, MSN/ 415 327-2765

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
12.55	16.00	\$1,630,707	\$2,120,925

PROGRAM DESCRIPTION: (Brief description of Program Change)

The LHH neurobehavioral day program will create a structured therapeutic day program for cognitively impaired SNF residents with complex behavioral symptoms. Residents will be receive activities and programming utilizing LHH community space such as the farm, wellness center, art studio and wellness center, for structured activity. The goal is to provide meaningful activity designed to promote resident success and enhance the skills of the staff. The program will allow clients to reach or maintain highest level of function in the least restrictive environment. The program will improve LHH capacity to care for behaviorally complex clients.

JUSTIFICATION:

The LHH neurobehavioral day program is consistent with DPH integrated delivery system. Staff from BHC, SFGH, and the director of community placement have collaborated with LHH to develop this proposal. The proposed program will facilitate appropriate utilization of services within DPH and support a more seamless transition of patients to the most appropriate level of care in addition to increasing capacity for caring for clients that historically have had limited options. In addition, it is anticipated to prevent unnecessary acute hospital admissions.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Fifty-eight percent of LHH current residents have some level of cognitive impairment. The proposed program will be utilized for those with challenging behavioral symptoms. The goal is to develop a capacity for 100 residents to participate in the program. However, impact will be felt throughout the institution due to improved skills of staff and successful engagement of participants through therapeutic activities and programming.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenditures will increase by \$1,630,707 in FY13/14 and \$2,120,925 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE :

Increasing by 12.55 FTEs in FY13/14 and 16.00 FTEs in FY 14/15

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Neurobehavioral Program

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Salary & Fringes		\$ 1,321,277	\$ 1,710,745
Operating Expenses		309,430	410,180
Subtotal Uses		1,630,707	2,120,925
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 1,630,707	\$ 2,120,925
Total FTE's		12.55	16.00

New Positions (List positions by Class, Title and FTE)		(PP7)		
Class	Title	FTE	FY13-14	FY14-15
2303	Patient Care Assistant	7.70	408,416	539,450
2312	Licensed Vocational Nurse	2.31	221,122	292,064
2930	Psych Social Worker	1.00	88,464	89,972
1428	Unit Clerk	1.54	95,919	126,694
Temp N	Temp Nurse - Salary		10,550	10,550
Temp M	Temp Misc - Salary		43,125	43,125
		12.55	867,597	1,101,856
	Fringe (FY 13-14 = 47%, Temp = 7.9%)		453,681	608,889
			\$ 1,321,277	\$ 1,710,745

Operating Expenses

Index Code	Character/Subobject Code	FY13-14	FY14-15
HLH448803	040/04461 Pharmaceutical Supplies	302,250	403,000
HLH448662	021/02202 Training	7,180	7,180

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> Public Health | <input checked="" type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Sexual Reassignment Surgery Program**

TARGETED CLIENTS: Uninsured transgender adults

PROGRAM CONTACT NAME/PHONE: **Kathy Ballou, (415) 206-5726**

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
		\$300,000	\$500,000

PROGRAM DESCRIPTION: (Brief description of Program Change)

Creation of a new program to provide certain specified sexual reassignment surgeries (SRS) and related patient education and preparation services to eligible uninsured transgender adults. Currently, the Department provides a range of health services to transgender residents such as primary care, prevention, behavioral health, hormone therapy, specialty and inpatient care. The SRS program will be accompanied by a comprehensive transgender services program that includes procedures for appropriate patient selection, counseling, education, and informed consent including clear discussion of expected results prior to surgery. Benefits currently offered under Medi-Cal will be available under this program. Any benefits beyond those covered by Medi-Cal would be determined based on funding availability, the RFP process, and clinical considerations.

JUSTIFICATION:

The Board of Supervisors adopted resolution number 288-12 in July 2012, encouraging the Department to ensure the provision of medically necessary gender-transition-related care. The Health Commission approved resolution number 12-12 in November 2012, approving the development of a new, separate program to provide SRS to eligible uninsured San Francisco residents.

In San Francisco, SRS is generally available through private providers who do not usually serve uninsured individuals unless the transgender person is paying for the full cost out of pocket. These highly specialized services have not been provided in the past because the Department does not provide SRS as stand-alone surgical procedures and lacks the clinical expertise and capacity to provide certain procedures required for SRS. However, outcome studies of SRS have documented technical success and positive outcomes for patient satisfaction, quality of life, physical functioning, social and emotional adjustment, sexual functioning and lack of short-term or long-term regrets.

Since early 2011, the Department has been engaged in a collaborative planning process with the San Francisco HEALTH Council on the provision of SRS to transgender persons. The Human Rights Commission and the San Francisco City Attorney's Office have provided input into this effort. The Board of Supervisors has expressed interest in the Department's provision of SRS. The Department is proposing to issue an RFP for a provider to perform all SRS procedures in 2013-14 and some procedures in 2014-15.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Limited information is available to assess the number of people that will be affected by the proposed program. There are fewer than 200 self-identified transgender participants currently in Healthy San Francisco, and there is little data to indicate what portion of the population may request SRS. SFGH

The SRS program will not be a stand-alone health service. As with any surgical procedure, it is important to appropriately educate, prepare, assess and provide follow-up care for those requesting SRS. SRS will be offered within the context of a comprehensive transgender services program that includes procedures for appropriate patient selection, counseling, education, and informed consent (including clear discussion of expected results). The Department is working on developing this program and estimates that it will be operational in fall 2013.

To the extent that medically-indicated SRS reduces the risk of self-harming behavior and behavioral health issues related to gender dysphoria, providing SRS may reduce utilization urgent care or emergency services (SFGH) and of behavioral health services (CBHS).

IMPACT ON DEPARTMENT'S WORKFORCE :

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Sexual Reassignment Surgery Program

Sources:	FY 2013-14	FY 2014-15
Subtotal Sources	-	-
Uses:		
Contractual Costs	\$ 300,000	\$ 500,000
Subtotal Uses	300,000	500,000
Net General Fund Subsidy Required (Uses less Sources)	\$ 300,000	\$ 500,000
Total FTE's		

New Positions (List positions by Class, Title and FTE)
Class Title

Operating Expenses

Index Code Character/Subobject Code

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☒ Laguna Honda Hospital
☒ Primary Care
☒ Jail Health

- ☒ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **DPH Porters**

TARGETED CLIENTS: DPH Patients

PROGRAM CONTACT NAME/PHONE: Greg Wagner, CFO / 554-5610

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
6.16	8.00	\$518,385	\$702,700

PROGRAM DESCRIPTION: (Brief description of Program Change)

This initiative will add a total of 8 porters at SFGH, Community Oriented Primary Care Clinics, Jail Health and Laguna Honda Hospital.

JUSTIFICATION:

Adequate Porter staffing is needed to meet regulatory requirements, to facilitate patient flow and to ensure a clean and safe environment for our staff and patients. The current budgeted staffing levels are not adequate to meet the needs at SFGH, COPC and Jail Health. As a result, administrators and Human Resources invest a considerable amount of time hiring employees who are only eligible to work 1,040 hours (equivalent to 36 hours/week for 6 months). After reaching 1040 hours, these employees are required to be separated and must wait six months before they may reapply. Hiring these already trained and experienced Porters as permanent staff would reduce as-needed usage and decrease administrators and human resources time, seeking, hiring, and training these employees.

Adding these permanent positions to the budget also addresses Collective Bargaining concerns around using as needed staff for permanent work as well as addresses structural funding issues around growing as needed salary costs.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

No impact on clients.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$518,385 in FY 13-14 and \$702,700 in FY 14-15. The addition of these positions will reduce our structural deficit in future years due to a decrease in the usage of temporary salaries.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 6.16 FTEs in FY13-14 annualizing to 8.00 FTEs in FY14-15.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: DPH Porters

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Salary & Fringes		\$ 518,385	\$ 702,700
Subtotal Uses		518,385	702,700
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 518,385	\$ 702,700
Total FTE's		6.16	8.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY 14-15
2736	Porters	6.16	330,626	8.00	436,704
		6.16	330,626	8.00	436,704
	Fringe (FY 13-14 = 59%, FY 14-15=61%)		187,759		265,996
			518,385		702,700

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: SFGH Nursing Services

TARGETED CLIENTS: Patients in the SFGH Operating Rooms and Urgent Care Clinic

PROGRAM CONTACT NAME/PHONE: Terry Dentoni, CNO / 206-3670

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
8.40	11.50	1,643,738	2,356,894

PROGRAM DESCRIPTION: (Brief description of Program Change)

This initiative increases the FTEs in SFGH's Operating Room (OR) and Urgent Care Clinic to meet the increasing number of clients served and to address the expensive utilization of Per Diem Nursing as baseline staffing required for current scope of service (ie hours of operation)

JUSTIFICATION:

SFGH's OR and Urgent Care Clinic continue to see an increase in the number of cases each year. In addition, leave of absences, retirements, and change in maximum hours worked per week also negatively impact daily nursing staffing levels. As a result, Per Diem Nursing is used in place of regularly-scheduled nurses and as part of the staffing baseline required to meet the growing demand each year and related hours of operation to meet the demand.

In order to meet demands for client caseloads and to decrease per diem spending, the OR and Urgent Care Clinic need to increase the number of FTEs to maintain full operation of the OR and Urgent Care Clinic when the amount of permanent budgeted staff is not adequate to cover baseline hours of operation

Adding permanent budgeted positions to cover baseline hours of operating would also address SFGH salary structural issues as well as Collective Bargaining concerns around utilizing per diem staffing for permanent work.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

The OR performs approximately 7,200 surgical procedures annually. The Urgent Care has approximately 28,000 visits annually.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$1,643,738 in FY 13-14 and \$2,356,894 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 8.4 FTEs in FY13-14 annualizing to 11.50 FTEs in FY14-15.

INITIATIVE TITLE: SFGH Nursing Service

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 1,643,738	\$ 2,356,894
	Operating Expense	\$ -	\$ -
Subtotal Uses		\$ 1,643,738	\$ 2,356,894
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 1,643,738	\$ 2,356,894
Total FTE's		8.40	11.50

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2320	Registered Nurse	8.40	\$ 1,160,013	11.50	\$ 1,624,548
			-		-
Total Salary		8.40	1,160,013	11.50	1,624,548
Fringe		41.70%	483,725	45.08%	732,346
Total Salary and Fringe		8.40	\$ 1,643,738	11.50	\$ 2,356,894

Operating Expenses

Index Code Character/Subobject Code

\$ - \$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

7.62

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: Patient Care Assistants – Patient Care and Patient Safety

TARGETED CLIENTS: Patients at SFGH served by PCAs

PROGRAM CONTACT NAME/PHONE: Terry Dentoni, CNO, 206-3670

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
18.40	25.20	1,566,944	2,191,919

PROGRAM DESCRIPTION: (Brief description of Program Change)

Additional Patient Care Assistants (PCA's) are necessary to meet the increasing demand of coaches for the fragile elderly, the demented, and the cognitively-impaired patients who have poor safety awareness and/or behavioral challenges. PCAs ensure that patients remain safe and do not harm others in the hospital.

JUSTIFICATION:

Each inpatient unit has a fixed allocation of permanent PCAs that are intended to assist RNs with day-to-day direct patient care as their primary duties. The units also utilize "as-needed" as well as Registry PCAs to meet the increasing demands for coaches specifically for the fragile elderly, demented, cognitively-impaired patients who present with poor safety awareness and/or behavioral challenges that pose a threat to their own safety and the safety of others. The patient census remains consistent every year, and the ongoing usage of as-needed and Registry PCAs for the consistent patient population is increasingly costly; both financially and administratively.

Medical/Surgical Leadership, Nursing Administration and Human Resources invest a considerable amount of time hiring as needed employees who are only eligible to work 1,040 hours (equivalent to 36 hours/week for 6 months). After reaching 1040 hours, these employees are required to be separated and must wait six months before they may reapply. Hiring these already trained and experienced PCAs as permanent staff would reduce as-needed and Registry usage (thus reducing growing as-needed and Registry costs) and would decrease the time Medical/Surgical Leadership, Nursing and Administration and Human Resources hours dedicate to this inefficient process.

Adding these permanent positions to the budget would also address Collective Bargaining Agreement concerns around using as needed staff for permanent work as well as address structural funding issues around growing as needed and registry costs.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

PCAs assist nurses throughout SFGH.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Expenses will increase by \$1,566,944 in FY 13-14 and \$2,191,919 in FY 14-15.

IMPACT ON DEPARTMENT'S WORKFORCE :

There will be an increase of 18.40 FTEs in FY13-14 annualizing to 25.20 FTEs in FY14-15.

INITIATIVE TITLE: Patient Care Assistants – Patient Care and Patient Safety

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		\$ -	\$ -
Uses:	Salary and Benefits	\$ 1,566,944	\$ 2,191,919
	Operating Expense	\$ -	\$ -
Subtotal Uses		\$ 1,566,944	\$ 2,191,919
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 1,566,944	\$ 2,191,919
Total FTE's		18.40	25.20

New Positions (List positions by Class, Title and FTE)

<u>Class</u>	<u>Title</u>	<u>FTE</u>		<u>FTE</u>	
2303	Patient Care Assistants	18.40	\$ 975,742	25.20	\$ 1,359,414
			-		-
Total Salary		18.40	975,742	25.20	1,359,414
Fringe		60.59%	591,202	61.24%	832,505
Total Salary and Fringe		18.40	\$ 1,566,944	25.20	\$ 2,191,919

Operating Expenses

Index Code Character/Subobject Code

\$ - \$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

7.82

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: Escort Team at Laguna Honda Hospital

TARGETED CLIENTS: LHH Clients

PROGRAM CONTACT NAME/PHONE: Madonna Valencia, RN, MSN/ (415)327-2765

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
5.39	7.00	\$419,163	\$562,825

PROGRAM DESCRIPTION: (Brief description of Program Change)

LHH cares for residents with complex medical issues, chronic illnesses, and cognitive impairments. Our residents have clinic appointments at SFGH, and other sites, and 70% need an escort due to their risk for fall, needing assistance with toileting, and assistance with transfer or registration. Creating an escort pool will be cost effective and will increase efficiency as well.

JUSTIFICATION:

Most of residents at LHH due to their cognitive impairments, mobility limitations, and most importantly safety precautions, need escorts to go to their outside clinic appointments. To ensure resident safety LHH assigns and escort to the patient to facilitate the appointment. These escorts are not currently in our budget, and we are using overtime to meet this need.

Adding these permanent positions to the budget would also address Collective Bargaining concerns around using as needed staff for permanent work as well as address structural funding issues around growing as needed and overtime costs.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

Having a designated escort staff will increase efficiency in assisting residents in their outside appointments. This will decrease resident wait time for available escort, and establish better communication with transports and clinic staff.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Labor expenditures will increase by \$419,163 in FY 13/14 and \$562,825 in FY 14/15

IMPACT ON DEPARTMENT'S WORKFORCE :

Increasing by 5.39 FTEs in FY 13/14 and 7.00 FTEs in FY 14/15

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Escort Team at LHH

Description		FY 2013-14	FY 2014-15
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
Salary & Fringes		\$ 419,163	\$ 562,825
Subtotal Uses		419,163	562,825
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 419,163	\$ 562,825
Total FTE's		5.39	7.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY14-15
2303	Patient Care Assistant	2.31	122,525	3.00	161,835
2583	Home Health Aide	3.08	133,518	4.00	176,352
		5.39	256,043	7.00	338,187
	Fringe (FY 13-14 = 56%)		163,121		224,638
			\$ 419,163	\$	562,825

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DEPARTMENT NAME:

- ☐ San Francisco General Hospital
☒ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐ Health At Home

PROGRAM / INITIATIVE TITLE: **Laguna Honda Hospital Coach Team**

TARGETED CLIENTS: LHH Clients

PROGRAM CONTACT NAME/PHONE: Madonna Valencia, RN, MSN/ (415)327-2765

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
13.14	18.00	\$1,119,265	\$1,565,622

PROGRAM DESCRIPTION: (Brief description of Program Change)

LHH cares for residents with complex medical issues, chronic illnesses, and cognitive impairments. In fact 58% of our residents have some type of dementia or cognitive impairment that manifest behaviors that are a safety risk and would require 1:1 supervision, or what we call a coach. IN FY 20120 the daily need for coaches averaged 104 hours of overtime. The benefits of creating a COACH team is not just cost effective but also supports focused training and ensures competency.

JUSTIFICATION:

A Coach is provided to a resident at LHH who requires 1:1 supervision because of safety concerns. It could be that they are at risk of falling, intrusiveness or high elopement risk were some of the few reasons. It will be most cost effective if the 104 hrs. are paid as straight time versus OT hrs. The other value of having a pool of coach is to have specially trained staff that is consistent in the delivery of treatment management which will most likely contribute to positive resident outcomes in shorter time.

Adding these permanent positions to the budget would also address Collective Bargaining t concerns around using as needed staff for permanent work as well as address structural funding issues around growing as needed salary costs.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

This will impact 58% of cognitively impaired residents at LHH who at some point need 1:1 for safety reasons.

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Labor expenditures will increase by \$1,119,265 in FY13/14 and \$1,565,622 ongoing.

IMPACT ON DEPARTMENT'S WORKFORCE :

Increasing by 13.14 FTEs in FY13/14 and 18 FTEs in FY 14/15

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Coach Team at Laguna Honda Hospital

Description		FY 2013-14		FY 2014-15
Sources:		\$ -		\$ -
Subtotal Sources		-		-
Uses:				
Salary & Fringes		\$ 1,119,265		\$ 1,565,622
Subtotal Uses		1,119,265		1,565,622
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)		\$ 1,119,265		\$ 1,565,622
Total FTE's		13.14		17.06

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE	FY 13-14	FTE	FY 14-15
2303	Patient Care Assistant	13.14	696,959	18.00	971,010
		13.14	696,959	18.00	971,010
Fringe (FY 13-14 = 56%)			422,306		594,612
			1,119,265		1,565,622

Operating Expenses

Index Code Character/Subobject Code

In order to meet demand:

Facilities Maintenance, and Equipment (List by each item by count and amount)

2013-14 and 2014-15 Program Change Request

DIVISION AND SECTION:

- | | | |
|---|--|---|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> CBHS - Substance Abuse |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Health At Home | <input type="checkbox"/> CBHS - Mental Health |
| <input type="checkbox"/> Jail Health | X Public Health | <input type="checkbox"/> DPH – Department Wide |

PROGRAM / INITIATIVE TITLE: **Public Health Operations Structural Funding**

TARGETED CLIENTS: Residents of the City and County of San Francisco

PROGRAM CONTACT NAME/PHONE: Tomas Aragon, MD

2013-14 FTE Change	2014-15 FTE Cumulative Change	FY 2013-14 Net General Fund Impact	FY 2014-15 Cumulative Net General Fund Impact
		\$307,489	\$454,208

PROGRAM DESCRIPTION: (Brief description of Program Change)

The program request is to continue funding for key Population Health Division positions previously funded by grants.

JUSTIFICATION:

The San Francisco Department of Public Health (SFDPH), Division of Population Health and Prevention (PHP) has reorganized into the new Population Health Division. For many years PHP consisted of autonomous sections that reported directly to the Health Officer. Most of our funding and activities have been categorical (disease-focused) and we have been successful in leading the nation in practice innovations and research. In spite of these strengths, our categorical structure, and lack of infrastructure to coordinate and align activities, has severely limited our ability to adapt and respond to a rapidly changing external environment.

At the same time, several positions previously funded through grants can no longer be assigned to grant funding. These are key infrastructure positions in the reorganized division. If funding is not allocated to retain these positions, the positions will need to be deleted or will create unbudgeted salary costs for the department.

The reorganization will (1) integrate health assessment, surveillance, epidemiology and informatics to support division, departmental, and citywide efforts; (2) integrate communicable disease prevention and control services; (3) integrate specialists in community engagement, planning, and mobilization to focus on health promotion and health education in communities; and (4) create a division-wide infrastructure to support professional development, continuous quality improvement, grant development and management, operations and fiscal efficiency, and public health accreditation. The positions requested provide the critical infrastructure to support the division reorganization and integration efforts.

IMPACT ON CLIENTS: (unit of service and/or number of clients affected)

The PHD reorganization/integration efforts strategically positions the Division to:

- Lead SFDPH efforts in health protection, health promotion, disease prevention and disaster preparedness
- Be client-centered and community-centered ("healthy people") – not pathogen-centric
- Promote healthy, sustainable environments ("healthy places")
- Operationalize division-wide focus on health equity
- Be agile, adaptive and responsive to emerging health problems such as the H7N9 avian influenza in China, the meningitis outbreak in MSMs in New York and the recent terrorist attack in Boston.
- Strengthen service excellence to communities, clients, and providers
- Achieve and maintain Public Health Accreditation

- Strengthen culture of discovery and world class research
- Become a learning organization with a culture of trust, innovation and continuous improvement

EXPENSE AND REVENUE IMPACT: (for both fiscal years)

Personnel expenses will increase by \$307,489 in FY 13/14 and \$454,208 in FY 14/15

IMPACT ON DEPARTMENT'S WORKFORCE :

N/A

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Public Health Operations Structural Funding

Description	FY 2013-14	FY 2014-15
Sources:		
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
	\$ 307,489	\$ 454,208
	-	-
	-	-
Subtotal Uses	307,489	454,208
Net General Fund Subsidy Required (savings)/cost (Uses less Sources)	\$ 307,489	\$ 454,208
Total FTE's	0.00	0.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE				
0922	Manager I	0.00	\$	87,007	0.00	\$ 114,834
2803	Epidemiologist II	0.00		74,354	0.00	96,564
2591	Health Program Coordinator II - effective 01/01/14	0.00		42,549	0.00	85,098
	Premium Pay - 0922 Manager I - 5% Supervisory Differential			5,551		5,742
	Premium Pay - 2803 Epidemiologist II - Lead Person Pay			2,600		2,600
			\$	212,061	\$	304,838
	Fringe (FY 13-14 = 45% , FY 14-15 = 45%)			95,428		149,370
		0.00	\$	307,489	0.00	\$ 454,208

Operating Expenses

Index Code Character/Subobject Code

\$ - \$ -

Facilities Maintenance, and Equipment (List by each item by count and amount)

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non-Matched General Fund Reductions (10 mos.)	FY14-15 Non-Matched General Fund Reductions (2 mos.)	% General Fund Reduction of Total Agency Funding	Estimated UDC Reduction Based on % GF Reduction to Budgeted UDC	Total UDC	Total UOS (Mode 15 MH converted to hours from minutes)
SA Adult	Asian & Pacific Islander Wellness Center	Wellness Promotion & Prevention	Special Project: Trans-Females who have Sex with Men (SP TFSM)	250,000							
SA Adult	Asian & Pacific Islander Wellness Center	Prevention	Health Education Risk Reduction (HERR)	152,865	152,865	31,847	6,369	25%	144	576	2,055
MH/SA	Asian American Recovery Svs.	Fiscal Intermediary	Payment to Board and Care facility operators, out-of-county foster care providers, and misc. programmatic payments	402,865	402,865	31,847	6,369	9%	144	576	2,055
				19,135,535							
MH Child	Asian American Recovery Svs.	Outpatient	SOC - Project Reconnect	13,860							
MH Child	Asian American Recovery Svs.	Outpatient	SOC - Project Reconnect	1,156							
MH Child	Asian American Recovery Svs.	Outpatient	SOC - Project Reconnect	8,085							
MH-Adult	Asian American Recovery Svs.	Outpatient	SOC - Adapt MH	164,340	111,338	23,195	4,639	17%	22	130	1,064
SA Adult	Asian American Recovery Svs.	Outpatient	SOC - Project ADAPT	272,214	247,014	51,461	10,292	23%	26	115	2,686
SA Adult	Asian American Recovery Svs.	Outpatient	SOC - Lee Woodward Counseling Center	278,286	178,286	51,461	10,292	25%	20	80	2,731
SA Adult	Asian American Recovery Svs.	Prevention	SOC - COPPASA	132,685	132,685	27,643	5,529	25%	500	2,000	1,302
SA Adult	Asian American Recovery Svs.	Residential Treatment	SOC - Residential Therapeutic Community	611,580	518,235	64,779	129,559	21%	8	36	5,977
SA Child	Asian American Recovery Svs.	Outpatient	SOC - Project Youth Reconnect	235,761							
COPC	Asian American Recovery Svs.	Primary Care	Asian American Recovery Services (TWHC)	40,000	40,000						
COPC	Asian American Recovery Svs.	Primary Care	Asian American Recovery Services (Medical Respite Clinic)	116,177	116,177						
HUH	Asian American Recovery Svs.	Fiscal Intermediary	Check Writing Services - Emergency Hotels	2,822,767	1,755,000						
MH-Adult	Asian American Recovery Svs.	Outpatient	BAART Community Health Care	23,632,468	3,199,735	225,055	99,835	1%	578	2,361	13,760
SA Adult	BAART Community Health Care	Outpatient	BCH HIV	397,983	40,105	8,355	1,671	3%	12	480	2,226
				30,000							
MH-Adult	Baker Places, Inc.	Residential Treatment	San Jose Place	427,983	40,405	8,355	1,671	2%	12	848	368
MH-Adult	Baker Places, Inc.	Residential Treatment	Baker Street House	822,805	339,695	42,499	42,499	10%	19	180	5,814
MH-Adult	Baker Places, Inc.	Residential Treatment	Grove Street House	853,671	194,795	24,349	48,699	6%	8	148	7,032
MH-Adult	Baker Places, Inc.	Residential Treatment	Jo Ruffin Place	1,120,431	319,500	39,938	39,938	7%	11	150	3,285
MH-Adult	Baker Places, Inc.	Residential Treatment	Robertson Place	1,041,104	284,954	35,621	35,621	7%	14	200	2,032
MH-Adult	Baker Places, Inc.	Supportive Housing	Odyssey House	784,845	284,937	35,617	35,617	9%	17	182	6,342
MH-Adult	Baker Places, Inc.	Supportive Services in Supportive Housing	ALP (Assisted Independent Living)	419,085							
MH-Adult	Baker Places, Inc.	Residential Treatment	COOB	1,171,164	118,670	14,834		25%			
SA Adult	Baker Places, Inc.	Residential - Medical Detox	Joe Healy Medical Detox	100,895							
SA Adult	Baker Places, Inc.	Residential - Medical Detox	Joe Healy Medical Detox	3,520,534							
SA Adult	Baker Places, Inc.	Residential Treatment	Acceptance Place	622,290	622,290	77,786	77,786	25%	15	520	8,376
HUH	Baker Places, Inc.	Residential Treatment	Ferguson Place	203,745							
HUH	Baker Places, Inc.	Residential Treatment	Supportive Living, Residential Subsidies	720,370							
HUH	Baker Places, Inc.	Residential Treatment	Ferguson Place	342,303							
HUH	Baker Places, Inc.	Residential Treatment	Supportive Living, Residential Subsidies	10,917							
CHPP	Baker Places, Inc. Total	Wellness Promotion & Prevention	Bayview HERR	11,852,829	2,165,451	270,644	270,644	5%	84	1,450	41,349
				303,944	303,944	63,322	12,664	25%	127	509	5,084
				303,944	303,944	83,322	12,664	25%	127	509	5,084
MH Child	Bayview Hunters Point Foundation	Fiscal Intermediary	Family Music	385,878							
MH Child	Bayview Hunters Point Foundation	Outpatient	PEI school-based services	454,031							
MH Child	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	Adult Behavioral Health	231,101							
MH-Adult	Bayview Hunters Point Foundation	Outpatient	Anchor Program	1,019,346	304,059	63,346	12,669	7%	45	600	5,906
SA Adult	Bayview Hunters Point Foundation	Outpatient	HIV Set Aside - Routine Opt-Out HIV Screening, Counseling, and Placement	201,565	201,565	41,993	8,399	25%	33	132	1,346
SA Adult	Bayview Hunters Point Foundation	Residential Treatment	Jelani House Residential	631,417	262,420	32,803	32,803	10%	2	15	4,914
SA Adult	Bayview Hunters Point Foundation	Residential Treatment	Jelani Family Program Residential	572,315	572,315	71,539	71,539	25%	5	18	1,971
SA Child	Bayview Hunters Point Foundation	Outpatient	Youth Moving Forward Bayview	503,970							
SA Child	Bayview Hunters Point Foundation	Outpatient	Youth Moving Forward Potrero Hill	195,241							
SA Child	Bayview Hunters Point Foundation	Prevention	LGBT Youth Services	4,211							
SA Adult	Bayview Hunters Point Foundation	Prevention	Youth Services	105,245							
SA Adult	Bayview Hunters Point Foundation	Methadone	Narcotic Treatment Program MM	1,247,249							
SA Adult	Bayview Hunters Point Foundation	Methadone	Jail Methadone Courtesy Dosing Program	239,578							
CHPP	Bayview Hunters Point Foundation	Wellness Promotion & Prevention	Bayview Hunter's Point Foundation	1,250,142	840,748	175,155	35,031	17%			36
				7,048,290	2,161,108	384,838	160,441	8%	64	765	14,173
HUH	Catholic Charities	Medical Case Management	Rite de Casia and Hazel Betty	175,072							
HUH	Catholic Charities	Medical Case Management	Derek Silva	391,848	4,266	869	178	0%	0	40	1,555
HUH	Catholic Charities	Residential Care Facility / Long Term	Peter Oliver	451,378				0%	0	68	2,784
HUH	Catholic Charities	Supportive Services in Supportive Housing	Edith Witt Senior Community Housing Subsidies	120,913	120,913	25,190	5,038	25%	7	29	1,488
				2,068,579	125,179	26,079	5,218	2%	7	171	16,339
SA Adult	CATS	Residential Detox	Medical Respite and Sobering Center	1,521,761							
SA Adult	CATS	Residential Treatment	Golden Gate for Seniors	268,895	268,895	33,362	33,362	25%	9	36	581
SA Adult	CATS	Residential Treatment	AV Women's Place	236,881	226,984	28,371	56,741	24%	6	32	2,638
SA Adult	CATS	Transportation	Mobile Assistance Patrol	300,000							
SA Adult	CATS	Transportation	Mobile Assistance Patrol	496,392							
SA Adult	CATS	Self Help/Drop In Center	Women's Drop-in-OSHUN	832,884							
SA Adult	CATS	SFIOT	SF Homeless Outreach Team	2,510,529							
				6,165,332	493,859	81,732	61,732	2%	17	600	52,127
MH-Adult	City College of San Francisco	Training	WEI-MH Certificate Program	299,103							

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non- Matched General Fund Reductions (10 mos.)	FY14-15 Non- Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of Total Agency Funding	Estimated UDC Reduction Based on % of OF Reduction to Budgeted UDC	Total UDC	Total UCS (Mode 15 VH converted to hours from minutes)
SA Adult	City College of San Francisco	Training	SA Certificate Program	132,088	132,088	27,518	5,504	33,022	25%			30
MH-Adult	City College of San Francisco Total			431,191	132,088	27,518	5,504	33,022	8%			9,638
HUH	Community Housing Partnership	Outpatient	Essex House	80,955	132,088	40	8	48	0%			7
	Community Housing Partnership	Housing Subsidies	DAH Prop 63 @ Cambridge Hotel	24,091	191	40	8	48	0%			812
MH Child	Community Housing Partnership Total			105,046	191	40	8	48	0%			7
MH-Adult	Community Vocational Enterprises	Vocational Services	Vocational Services	12,889								
MH-Adult	Community Vocational Enterprises	Peer & Intern Employment	Empowerment Services	209,767	379,900	79,146	15,829	94,975	25%	100	400	44,113
MH-Adult	Community Vocational Enterprises	Vocational Services	Vocational Services	432,286								
MH-Adult	Community Vocational Enterprises	Vocational Services	IME Junitorial Services	500,000								
MH-Adult	Community Vocational Enterprises	Vocational Services	SF FIRST PCL	35,658								
MH-Adult	Community Vocational Enterprises	Vocational Services	SF FIRST SFPL-OP	31,541								
MH-Adult	Community Vocational Enterprises	Vocational Services	Former Baker Places Employees	157,532	157,532	32,819	6,564	39,383	25%	4	15	12,792
MH-Adult	Community Vocational Enterprises	Vocational Services	Prompt Staffing Services	91,068	91,068	18,873	3,785	22,657	25%	1	5	6,240
MH-Adult	Community Vocational Enterprises Total			1,850,651	828,500	130,838	26,168	157,125	8%	105	420	83,145
MH-Adult	Curry Senior Center	Outpatient	Older Adult Integrated Full Service Outpatient	37,995	12,225	2,547	509	3,056	4%			95
MH-Adult	Curry Senior Center	Outpatient	Behavioral Health Primary Care Integration	309,127								171
COFC	Curry Senior Center	Outpatient	Older Adult BH IFSO	185,369	185,369	34,452	8,890	41,342	25%	13	51	33
	Curry Senior Center	Outpatient	Curry Senior Center	361,541	361,541							
	Curry Senior Center Total			808,032	538,135	38,998	7,400	44,399	5%	17	146	204
HUH	Dolores Street Community Services	Supportive Services in Supportive Housing	Supportive Services at Casa Quezada	325,423	325,423	67,796	13,559	81,356	25%	42	167	3,381
MH Child	Dolores Street Community Services Total			325,423	325,423	67,796	13,559	81,356	25%	42	167	3,381
MH Child	Family Service Agency	Outpatient	Outpatient	315,881								
MH Child	Family Service Agency	Outpatient	EPSTD Full Circle	433,225								
MH Child	Family Service Agency	Wellness Promotion & Prevention	Quality Childcare mental health	252,751								
MH-Adult	Family Service Agency	Outpatient	Deaf Community Counseling svc	19,363	30,375	6,328	1,266	7,594	4%	N/A	N/A	N/A
MH-Adult	Family Service Agency	Outpatient	Older Adult FSP	191,176	71,269	14,848	2,970	17,817	2%	8	528	7,480
MH-Adult	Family Service Agency	Outpatient	Genetic Cough	1,141,632	260,819	54,337	10,867	65,205	7%	96	1,375	4,951
MH-Adult	Family Service Agency	Outpatient	Genetics Services	961,836	166,315	34,649	8,830	41,579	4%	51	1,160	5,389
MH-Adult	Family Service Agency	Outpatient	Adult Full Service Partnership	1,343,184	122,226	25,454	5,093	30,557	2%	17	750	8,604
MH-Adult	Family Service Agency	Outpatient	Transitional Age Youth	424,867								
MH-Adult	Family Service Agency	Wellness Promotion & Prevention	Senior Drop-In Center	185,400								
MH-Adult	Family Service Agency	Outpatient	Prevention & Recovery in Early Psychosis	994,073	192,688	40,143	8,029	48,172	12%	51	420	2,386
MH-Adult	Family Service Agency	Outpatient	Deaf Community Counseling svc	307,495	843,892	175,769	35,154	210,923	3%	224	4,263	28,820
SA Adult	Family Service Agency Total			7,881,140	217,741	27,218	27,218	54,435	25%	2	8	2,957
SA Adult	Friendship House	Residential Treatment	Friendship House	18,375								
SA Adult	Friendship House	Residential Treatment	Friendship House	18,375								
HUH	Friendship House Total			18,375								
MH-Adult	Gilda Community Housing	Supportive Services in Supportive Housing	Supportive Services in Supportive Housing Project	405,118	217,741	27,218	27,218	54,435	13%	2	9	2,657
MH-Adult	HAF C dba HealthRIGHT 360	Outpatient	Adult Outpatient	358,670	358,670	74,723	14,945	89,668	25%	15	61	16,117
MH-Adult	HAF C dba HealthRIGHT 360	Residential Treatment	WRAPS	358,670	358,670	74,723	14,945	89,668	25%	15	61	16,117
SA Adult	HAF C dba HealthRIGHT 360	Outpatient	AA Family Healing Center	325,405	169,156	35,241	7,048	42,289	13%	28	215	2,043
SA Adult	HAF C dba HealthRIGHT 360	Outpatient	Crisis Intervention	16,696	16,696	3,478	696	4,174	25%	N/A	N/A	4
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	CODB	82,400	6,534	1,361	272	1,634	20%			
SA Adult	HAF C dba HealthRIGHT 360	Outpatient	AA Family Healing Center	311,059	311,059	64,804	12,961	77,765	25%	25	101	3,684
SA Adult	HAF C dba HealthRIGHT 360	Outpatient	Adult OP	1,240,223	1,210,223	252,130	50,426	302,556	24%	99	407	13,644
SA Adult	HAF C dba HealthRIGHT 360	Outpatient	BASH Outpatient	100,183								
SA Adult	HAF C dba HealthRIGHT 360	Vocational Services	HAF C Admin Services	99,522								
SA Adult	HAF C dba HealthRIGHT 360	Fiscal Intermediary	Project Homeless Connect - Everyday Connect	367,965								
SA Adult	HAF C dba HealthRIGHT 360	Fiscal Intermediary	HIV Set-Aside Coordinator	120,000								
SA Adult	HAF C dba HealthRIGHT 360	Fiscal Intermediary	Project Homeless Connect	484,726								
SA Adult	HAF C dba HealthRIGHT 360	Outpatient	Bridges Outpatient	700,438								
SA Adult	HAF C dba HealthRIGHT 360	Outpatient	2nd Chance Case Mgmt	506,588								
SA Adult	HAF C dba HealthRIGHT 360	Outpatient	SHOP grant	328,773								
SA Adult	HAF C dba HealthRIGHT 360	Outpatient	Family Strength Outpatient (Connections)	200,457	200,457	41,762	8,352	50,114	25%	29	115	53
SA Adult	HAF C dba HealthRIGHT 360	Outpatient	Rep Payee Case Mgmt	77,614								
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	BASH Residential	432,525								
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	Social Detox Res (SVDP Lucile Wilke Center)	840,112								
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	Satellite Residential	303,883	303,983	37,898	37,998	75,996	25%	21	84	6,898
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	WHIS Residential	313,889	313,889	39,237	38,237	77,475	25%	6	22	1,643
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	SFGH Residential	427,152	427,162	53,395	53,395	106,791	25%	11	45	3,285
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	Transgender Residential	348,841	348,841	43,605	43,605	87,210	25%	9	36	2,628
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	Adult Residential	3,660,484	950,437	118,805	118,805	237,609	6%	29	444	41,721
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	Bridges Residential	130,439								
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	HIV Women's Residential (Ladestier)	180,973								
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	CARE Variable Length Residential	217,328								
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	CARE MOSP Residential	355,411								
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	CARE Residential Detox	211,834								
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	Women's Hope Residential (Pomeroy)	645,619	845,619	80,702	80,702	161,405	25%	9	35	5,259
SA Adult	HAF C dba HealthRIGHT 360	Residential Treatment	Criminal Justice Residential (AB109 WO)	311,858								
SA Adult	HAF C dba HealthRIGHT 360	Supportive Housing	Criminal Justice ONPD (AB109 WO)	351,642								
SA Adult	HAF C dba HealthRIGHT 360	Medical Case Management	Buprenorphine Medical Monitoring	50,437								
HUH	HAF C dba HealthRIGHT 360	Medical Case Management	Planificas Housing Program	70,768								

Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non- Matched General Fund Reductions (10 mos.)	FY14-15 Non- Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of Total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UCS (Mode 15 MH svs converted to hours from minutes)
SA Adult	HAFC dba HealthRIGHT 360 Total			13,854,478	4,904,066	772,519	453,498	1,226,017			1,504	80,859
MH-Adult	Harm Reduction Coalition	Outpatient	DOPE Project	174,070	137,712	28,690	5,738	34,428	20%	285	1,576	3,216
MH-Adult	Harm Reduction Coalition Total			174,070	137,712	28,690	5,738	34,428	20%	312	1,576	3,216
MH-Adult	Hyde Street	Outpatient	Hyde Street	2,243,543	381,174	79,411	15,882	95,294	4%	132	3,110	12,654
MH-Adult	Hyde Street	Outpatient	Adult FSP	595,561	38,813	8,294	1,659	9,953	2%	4	253	3,413
MH-Adult	Hyde Street Total			2,839,104	420,987	87,706	17,541	105,247	4%	136	3,363	16,067
MH Child	Instituto Familiar de la Raza, Inc	Outpatient	outpatient	559,585								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	Paul Ryvere	193,628								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	PEI Violence Trauma Recovery Svcs	214,381								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	Early childhood MH	596,711								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	PEI Early Childhood MH	42,000								
MH Child	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	ECMHC Training	13,729								
MH-Adult	Instituto Familiar de la Raza, Inc	Outpatient	Adult Outpatient-MH Svcs	543,123	273,914	57,065	11,413	68,478	13%	108	855	2,935
MH-Adult	Instituto Familiar de la Raza, Inc	Outpatient	BHPC Integration	86,868	95,866	18,097	3,519	21,717	25%	99	395	33
MH-Adult	Instituto Familiar de la Raza, Inc	Wellness Promotion & Prevention	Indigna Health & Wellness COLL	254,775					0%	-		
SA Adult	Instituto Familiar de la Raza, Inc Total			2,514,789	390,780	75,163	15,033	90,195	4%	207	1,250	2,968
SA Adult	Jeniti, Inc. (BVHP FY 11-12)	Residential Treatment	Jeniti House Residential	99,872	234	234		468	0%	0	6	777
SA Adult	Jeniti, Inc. (BVHP FY 11-12) Total			99,872	234	234		468	0%	0	6	777
SA Adult	Leino Commission	Residential Treatment	Cesa Quetzal & Cesa Olin - Adult Male Residential	643,172	80,397	160,793	30,397	160,793	25%	12	48	4,679
SA Adult	Leino Commission	Residential Treatment	Cesa Xochitl & Cesa Olin - Perinatal Residential	374,284	48,787	93,574	46,787	93,574	25%	3	10	1,734
SA Adult	Leino Commission	Residential Treatment	Alvare House - Adult Male HIV Residential	175,184								
SA Adult	Leino Commission Total			1,192,850	127,183	254,367	127,183	254,367	21%	15	67	7,453
COFC	Lighthouse for the Blind and Visually Impaired	Transportation	Lighthouse for the Blind and Visually Impaired	51,497	51,497	10,729	2,146	12,874	25%	25	100	1,650
COFC	Lighthouses for the Blind and Visually Impaired Total			51,497	51,497	10,729	2,146	12,874	25%	25	100	1,650
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	Supportive Housing	54,359	54,359	11,325	2,865	13,350	25%	3	11	1,198
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	Supportive Housing	213,537	213,537	44,487	8,897	53,384	25%	13	50	6,313
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	Supportive Housing	187,934	187,934	41,236	8,247	49,484	25%	10	40	5,622
HUH	Lutheran Social Services of Northern California	Supportive Services in Supportive Housing	Supportive Housing	735,000	735,000	153,125	30,625	183,750	25%	328	1,313	13,640
HUH	Lutheran Social Services of Northern California	Emergency Housing	Emergency Housing	271,890					0%			
HUH	Lutheran Social Services of Northern California	Emergency Housing	Emergency Housing	9,417								
HUH	Lutheran Social Services of Northern California	Emergency Housing	Emergency Housing	9,607								
SA Adult	Lutheran Social Services of Northern California Total			1,581,734	1,200,830	250,173	60,036	300,208	19%	354	1,414	26,773
SA Adult	Mission Council	Outpatient	Mission Council	254,775	254,775	53,078	10,616	63,694	25%	90	360	5,190
SA Adult	Mission Council	Outpatient	Outpatient	254,775	254,775	53,078	10,616	63,694	25%	13	51	2,295
COFC	Mission Neighborhood Health Center	Outpatient	Mission Neighborhood Health Center	302,628	302,628	63,048	12,610	75,657	25%	103	411	7,475
COFC	Mission Neighborhood Health Center Total			302,628	302,628	63,048	12,610	75,657	25%	N/A	-	3,106
MH Child	Mt. St. Joseph's - St. Elizabeths	Outpatient	Epiphany House	92,627								
SA Adult	Mt. St. Joseph's - St. Elizabeths	Residential Treatment	Epiphany House	334,618	334,618	41,827	8,365	50,192	25%	8	30	3,295
SA Adult	Mt. St. Joseph's - St. Elizabeths	Residential Treatment	Epiphany Residential	334,617	334,617	41,827	8,365	50,192	25%	8	30	3,295
SA Adult	Mt. St. Joseph's - St. Elizabeths	Residential Treatment	Epiphany Residential	731,862	688,235	83,854	18,730	102,584	23%	15	80	6,570
MH-Adult	NICOS	Wellness Promotion & Prevention	Chinese Community Problem Gambling Project	68,280	68,280	14,225	2,845	17,070	25%	132	529	1,067
MH-Adult	NICOS	Wellness Promotion & Prevention	Chinese Community Problem Gambling Project	68,280	68,280	14,225	2,845	17,070	25%	132	529	1,067
HUH	NICOS Total			53,069	53,069	11,056	2,211	13,267	25%	6	22	2,446
HUH	NICOS Total			53,069	53,069	11,056	2,211	13,267	25%	6	22	2,446
MH-Adult	Parkview Terrace	Supportive Services in Supportive Housing	Permanent Housing for Homeless Frail Senior	53,069	53,069	11,056	2,211	13,267	25%	6	22	2,446
MH-Adult	Parkview Terrace	Supportive Services in Supportive Housing	Permanent Housing for Homeless Frail Senior	53,069	53,069	11,056	2,211	13,267	25%	6	22	2,446
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Cortland	781,549	20,934	20,934	4,187	25,121	5%	4	80	8,355
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Dore Street Urgent Care Clinic	2,429,692	768,918	96,240	19,240	115,480	8%	78	1,000	35,000
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Asbury	180,511	180,511	22,564	4,512	27,076	5%	1	24	8,551
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Avenues	1,421,593	466,442	58,305	11,611	69,916	8%	41	488	7,445
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Clay	1,161,211	167,557	19,695	3,369	23,064	3%	1	40	12,750
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Dore Street Residential	1,492,163	471,217	58,902	11,804	70,706	8%	44	550	6,699
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Dore Street Residential	1,207,864	68,354	8,544	1,069	9,613	1%	1	38	12,314
MH-Adult	Progress Foundation, Inc.	Residential Treatment	La Amistad	822,140	322,118	40,285	8,544	48,833	10%	15	150	10,583
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Le Posada	1,179,878	377,367	47,171	9,432	56,603	8%	32	394	6,208
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Progress House	791,895	165,293	20,662	4,133	24,795	2%	4	80	8,414
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Seniors Program	1,113,384	103,372	12,822	2,583	15,405	2%	2	88	11,589
MH-Adult	Progress Foundation, Inc.	Residential Treatment	Shrader	1,216,722	438,108	54,764	10,927	65,691	8%	45	488	7,001
MH-Adult	Progress Foundation, Inc.	Supportive Housing	Supportive Living	661,849								
MH-Adult	Progress Foundation, Inc. Total			15,233,358	3,687,726	460,866	82,932	543,800	8%	269	3,436	136,777
HUH	Providence Foundation	Supportive Services in Supportive Housing	Providence Foundation	98,681	98,681	20,559	4,112	24,671	25%	6	25	2,112
HUH	Providence Foundation	Supportive Services in Supportive Housing	Providence Foundation	98,681	98,681	20,559	4,112	24,671	25%	6	25	2,112
MH Child	RAMS	Outpatient	outpatient	570,065								
MH Child	RAMS	Outpatient	outpatient	1,033,785								
MH Child	RAMS	Outpatient	SED Partnership	303,851								
MH Child	RAMS	Wellness Promotion & Prevention	PEI School-based services	270,528								
MH Child	RAMS	Wellness Promotion & Prevention	NHSA WDET Summer Bridge	68,280								
MH Child	RAMS	Wellness Promotion & Prevention	PEI Early Childhood MH	25,478								
MH Child	RAMS	Wellness Promotion & Prevention	Early childhood MH	934,779								
MH-Adult	RAMS	Outpatient	Adult Outpatient Services Clinic	1,041,035	34,554	7,199	1,440	8,639	0%	6	1,200	10,440
MH-Adult	RAMS	Outpatient	Broderick Street Residential Program	565,187	10,593	2,207	441	2,648	0%	0	36	2,455
MH-Adult	RAMS	Training	Peer Specialist Mental Health Certificate	135,545								
MH-Adult	RAMS	Vocational Services	Employee Development Program	111,341	111,341	23,106	4,639	27,745	25%	9	35	1,561
MH-Adult	RAMS	Vocational Services	Vocational Services	510,000								
MH-Adult	RAMS	Outpatient	API Health Family Coalition	100,000								

as of 04-10-13												
* Included in this reduction is the projected loss of \$3,034,981 in General Fund monies that were used to backfill Ryan White HIV Funding in FY12-13, and of the total this portion was not ongoing um FY13-14. Added to Across-the-Board reduction.												
** Included in this reduction is the additional Federal grant losses to HIV Health Services and HIV Prevention in FY13-14 and 14-15.												
Reduction in total Professional Services would decrease from 5% to 3%. If HIV funding losses not included.												
Section	Agency	Modality	Program/Provider	Total FY 12-13 Budget Less One-time Funding	Total Non-Matched General Fund Monies	FY13-14 Non- Matched General Fund Reductions (10 mos.)	FY14-15 Non- Matched General Fund Reductions (2 mos.)	Total General Fund Reductions	% General Fund Reduction of total Agency Funding	Estimated UDC Reduction Based on % of GF Reduction to Budgeted UDC	Total UDC	Total UOS (Mode 15 MH svcs converted to hours from minutes)
MH-Adult	Westside Community Mental Health	Emergency Crisis	Westside Crisis	1,354,366	440,711	91,815	18,363	110,178	8%	273	3,350	317,715
MH-Adult	Westside Community Mental Health	Outpatient	Westside IFSO Outpatient	1,256,330	157,999	32,916	8,583	35,500	3%	28	900	5,553
MH-Adult	Westside Community Mental Health	Outpatient	Westside Crisis Care	-	-	-	-	-	-	-	-	-
MH-Adult	Westside Community Mental Health	Outpatient	Westside IFSO ACT	1,761,584	68,096	14,187	2,037	17,024	1%	6	570	10,520
SA Adult	Westside Community Mental Health	Outpatient	Westside CTL (HIV Counseling, Testing & Linkages)	70,000	-	-	-	-	0%	-	300	1,667
MH-Adult	Westside Community Mental Health	Outpatient	CAWORKS PROGRAM	1,972,305	11,460	2,388	478	2,865	0%	4	2,434	9,912
SA Adult	Westside Community Mental Health	Methadone	Westside Methadone Maintenance	1,399,670	-	-	-	-	-	-	-	-
SA Adult	Westside Community Mental Health	Methadone	Westside Methadone Maintenance Long-term Detox	18,610	-	-	-	-	-	-	-	-
	Westside Community Mental Health Total			9,138,660	678,266	141,305	28,261	168,567	2%	310	7,554	345,367
	Grand Total			146,343,868	35,462,683	5,043,757	2,268,347	7,312,104	5%	6,670	48,479	1,267,871

Edwin M. Lee
Mayor

Health Commission



TO: Members of the San Francisco Health Commission

FROM: Mark Morewitz, Health Commission Executive Secretary

DATE: May 3, 2013

RE: Review of Proposed Amendments to the San Francisco Health Code Article 22A

In considering the proposed amendments to Article 22A of the San Francisco Health Code, the Health Commission has the authority to make a recommendation to the San Francisco Board of Supervisors to approve the proposed amendments.

Article 22A of the San Francisco Health Code begins on page 6, line 10 and ends on page 20, line 8.

1 [Building, Health, Public Works Codes - Soil and/or Groundwater Testing Requirements]

2
3 **Ordinance amending the Building and Health Codes to expand the boundaries and**
4 **types of projects for which soil testing is required and require testing of groundwater**
5 **under specified circumstances; amending the Public Works Code to eliminate soil**
6 **testing provisions; renumber code sections in Health Code Article 22A, and making**
7 **environmental findings.**

8 NOTE: Additions are single-underline italics Times New Roman;
9 deletions are ~~strike-through italics Times New Roman~~.
10 Board amendment additions are double-underlined;
11 Board amendment deletions are ~~strikethrough normal~~.

12 Be it ordained by the People of the City and County of San Francisco:

13 Section 1. The Planning Department has determined that the actions contemplated in
14 this ordinance comply with the California Environmental Quality Act (California Public
15 Resources Code Section 21000 et seq.). Said determination is on file with the Clerk of the
16 Board of Supervisors in File No. ____ and is incorporated herein by reference.

17 Section 2. The Building Code is hereby amended by amending Section 106A.3.2.4,
18 (specifically, Sections 106A.3.2.4.1, 106A.3.2.4.2, and 106A.3.2.4.4) to read as follows:

19 **106A.3.2.4 HAZARDOUS SUBSTANCESWASTES.**

20 **106A.3.2.4.1** Soil and/or groundwater sampling and analysis required. Applicants for
21 any building or grading permit which involves the disturbance of at least 50 cubic yards (38.23
22 m³) of soil shall comply with the requirements for soil and/or groundwater sampling and
23 analysis of Article 22A of the ~~Public~~-Health Code, unless such property is subject to Health Code
24 22A.9, when any part of the work will occur ~~either~~

1 (a) bayward of the 1851 high-tide line as indicated on the Map of the City and County of
2 San Francisco (adopted June 27, 1986) (see Figure 1A-1) which is maintained for public
3 distribution by the Building Official;

4 (b) ~~or in any area of the City designated by the Director of Public Health under Article 22A of~~
5 ~~the Health Code;~~

6 (c) on any lot within the City either presently or previously zoned for industrial use as defined in
7 Article 22A of the Health Code;

8 (d) on any lot within the City either presently or previously permitted for industrial use;

9 (e) on any lot within the City within 150 feet of any of the following highways and streets: U.S.
10 Highway 101, Interstate 80, Interstate 280;

11 (f) on any lot in the City known or suspected by the Department of Public Health to contain
12 hazardous substances in the soil and/or groundwater, using the definition of hazardous substance
13 contained in Article 22A of the Health Code, or;

14 (g) on any lot of the City known or suspected by the Department of Public Health to contain or
15 to be within 100 feet of the lot or property line that contains an underground storage tank~~in any area~~
16 ~~of the City and County of San Francisco where the Director of Public Health has reason to believe that~~
17 ~~the soils may contain hazardous wastes.~~

18 Note: Figure 1A-1 is included at the end of this chapter.

19 **106A.3.2.4.2 Permit approval.**

20 (a) Except as provided in subsection (b) no No building permit application subject to the
21 requirements of this Section shall be considered acceptable for review and approved until the
22 Department receives written notification from the Director of Public Health that the applicant
23 has complied with all applicable provisions of Article 22A of the ~~Public~~ Health Code that can be
24 completed without a permit, or that the requirements have been waived.

25 ~~Exception:~~

1 (b) Subsection (a) does not apply to the following extent:

2 (1-) The Building Official may consider an application acceptable for review and issue a
3 site permit pursuant to Section 106A.3.4.2 prior to the time an applicant complies with this
4 Section.

5 (2-) The Building Official may consider an application acceptable for review and issue Site
6 site permit addenda and other permit(s) ~~may be issued~~ to undertake soil sampling or mitigation
7 measures to comply with this section.

8 **106A.3.2.4.4 Permit Notification and Warning.**

9 (a) The Building Department shall provide information to all permit applicants of Bay Area Air
10 Quality Management District and California Air Resources Board regulations, as well as San
11 Francisco Health Code Article 22B and Building Code requirements regarding construction dust
12 control to mitigate potential adverse public health effects from dust in general, and from naturally
13 occurring asbestos that may be released during construction activities.

14 (b) All building permits and grading permits issued by the Building Department under this
15 Section 106A.3.2.4 shall bear ~~notice of the above requirements and of the owner's responsibility of~~
16 ~~identifying and mitigating hazardous wastes~~ the following printed warning:

17 **WARNING**

18 Under San Francisco Building Code Section 106A.3.2.4.2, certain building permits may be issued only
19 after the permittee analyzes the soil and/or groundwater for the presence of hazardous substances and,
20 where applicable, the Department of Public Health has approved the permittee's site mitigation plan.
21 In issuing this permit, neither the City nor any of its officers or employees make any representation that
22 the soil and/or groundwater on or about the site is free from the presence of hazardous substances. Nor
23 does the City's implementation of this process relieve any person from their duties and responsibilities
24 relating to hazardous substance contamination under state and federal law. Neither subsurface soil
25

1 analysis under Building Code Section 106A.3.2.4.2 nor the issuance of this permit is intended to alter,
2 extinguish, or transfer these responsibilities.

3 ~~notification. All building permits and grading permits issued by the Department of Building~~
4 ~~Inspection shall bear notice of the above requirements and of the owner's responsibility for identifying~~
5 ~~and mitigating hazardous wastes.~~

6 Section 3. The Health Code is hereby amended by adding Section 1219 and
7 amending Sections 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1230,
8 1231, 1232, 1233, 1234, 1235, 1236, and 1237 to read as follows:

9 **SEC. 121922A.1. FINDINGS.**

10 1. Health Code Article 22A and Building Code Section 106A.3.2.4 work in concert to provide
11 an important City process for identifying, investigating, analyzing and, when deemed necessary,
12 remediating or mitigating hazardous substances in soils within specified areas of the City and County
13 of San Francisco ("City").

14 2. These codes provide a specific, well-explained and equitable City process for investigating,
15 analyzing and, when deemed necessary, remediating or mitigating hazardous substances in soils, under
16 the oversight and supervision of the Department of Public Health ("Department"), the City agency with
17 expertise in these matters.

18 3. The Department has overseen the Article 22A process for many years and it is the experience
19 of the Department, given the nature of contamination that has been found on City sites, that these sites
20 can be remediated or mitigated through methods such as removal, treatment, installation of vapor
21 barriers, or covers, or by placing restrictions on uses or activities on the site to protect the environment
22 or public health.

23 4. Health Code Article 22A, Public Works Code Article 20, and Building Code Section
24 106A.3.2.4 were previously limited in terms of their geographic coverage throughout the City, applying
25

1 exclusively on the Eastern side of City, more specifically in areas near the Bay shoreline, and areas of
2 known bay fill.

3 5. These Articles were also presently limited in terms of types of potential public health and
4 safety hazards that they address.

5 6. There may be hazardous substances and conditions (e.g., groundwater contamination) that
6 pose a potential threat to the public health and safety but were not previously within the scope of
7 Article 22A.

8 7. Areas outside of the boundaries previously set in Health Code Article 22A, Public Works
9 Code Article 20, and Building Code Section 106A.3.2.4 exist where, based upon historic zoning
10 designation, land use, or site activity, there is a reasonable expectation of the potential for the soil
11 and/or groundwater to contain hazardous substances that may pose public health or safety hazards
12 during construction and with new uses authorized on the site.

13 8. In urban areas, emissions from paved roadways are a major source of atmospheric
14 particulate matter. Paved road dust originates from pavement wear and decomposition, dustfall, litter,
15 mud and dirt carryout, spills, biological debris, and erosion from adjacent areas. In an urban setting,
16 vehicle exhaust and vehicle brake and tire wear are a source of zinc and copper in paved road dust.
17 The authors of a 2006 study found that metal deposits increased in the immediate vicinity of a large
18 freeway, and quickly reduced to urban background deposition rates between 10 meters (30 feet) and
19 150 meters (450 feet) downwind of the freeway, especially for copper, lead and zinc. Their results
20 suggest: 1) the freeway is a significant source of copper, lead and zinc; and 2) these metals have
21 substantial concentrations of larger particles emitted from the freeway due to the dispersion of road
22 dust by vehicles traveling at high speeds. Lisa D. Sabin, et al., Dry Deposition and Resuspension of
23 Particle-Associated Metals Near a Freeway in Los Angeles, Atmospheric Environment 40 (2006) 7528-
24 7538.

1 9. The benefits of Health Code Article 22A to the City, the environment and the public health
2 and safety can be expanded by broadening the geographic coverage and the types of potential
3 contamination that fall within the scope of the law.

4 10. City departments that engage in regular maintenance and repair of City property and
5 assets, long term capital projects, and emergency work are subject to these same public health and
6 safety requirements with regard to soil and/or groundwater sampling and analysis. These departments
7 will work with the Department of Public Health to develop protocols that use City resources efficiently
8 and facilitate prompt response to emergencies, for any projects that may require soil and/or
9 groundwater testing.

10 **SEC. ~~1220~~22A.2. DEFINITIONS.**

11 In addition to the general definitions applicable to this Code, whenever used in this
12 Article, the following terms shall have the meanings set forth below:

13 (a) "Applicant" means a person applying for any building permit as specified by Section
14 106.1 of the San Francisco Building Code.

15 (b) "Certified laboratory" means a laboratory certified by the California Department of
16 Health Services, pursuant to the provisions of Section 25198 of the California Health and
17 Safety Code, for analyzing samples for the presence of hazardous substances~~waste~~.

18 (c) "Director" means the Director of the San Francisco Department of Public Health or
19 the Director's designee.

20 (d) "Director of Building Inspection" means the Director of the Department of Building
21 Inspection of the City and County of San Francisco.

22 (e) "Hazardous Substance~~waste~~" means any hazardous substance as defined in the
23 Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), 42 U.S.C.
24 §9601(14) and petroleum products and byproducts ~~that meets the definition of hazardous waste in~~
25

1 ~~Section 25117 of the California Health and Safety Code or Appendix X of Division 4.5, Chapter 10,~~
2 ~~Article 5 of Title 22 California Administrative Code.~~

3 ~~(f) "Industrial Use" means a use described in the San Francisco Planning Code Sections 220~~
4 ~~(Laundering, Cleaning and Pressing), 222 (Home and Business Services), 223 (Automotive), 224~~
5 ~~(Animal Services), 225 (Wholesaling, Storage, Distribution, and Open-Air Handling of Materials and~~
6 ~~Equipment) and 226 (Manufacturing and Processing).~~

7 ~~(g) "Industrially Zoned (i.e. zoned for industrial use)" means one of the following zoning~~
8 ~~districts, as further described in Article 2 of the San Francisco Planning Code: M-1 (Light Industrial),~~
9 ~~M-2 (Heavy Industrial), PDR-1-B (Light Industrial Buffer), PDR-1-D (Light Industrial Design), PDR-~~
10 ~~1-G (Light Industrial General), PDR-2 (Core Production, Distribution and Repair), C-M (Heavy~~
11 ~~Commercial), SPD (South Park), RSD (Residential/Service Mixed Use), SLR (Service/Light~~
12 ~~Industrial/Residential Mixed Use), SLI (Service/Light Industrial), SSO (Service/Secondary Office),~~
13 ~~MUG (Mixed Use – General), MUR (Mixed Use – Residential), MUO (Mixed Use – Office), and UMU~~
14 ~~(Urban Mixed Use) or any other zoning district that allows for industrial uses, either as a principal~~
15 ~~permitted use or as a conditional use, as determined by the Zoning Administrator.~~

16 ~~"Intended Use" means the land uses allowed at the site under the building permit sought and~~
17 ~~any construction activities required to carry out the permitted work.~~

18 ~~(i) "Qualified Person" means a professional geologist, licensed civil engineer, or engineering~~
19 ~~geologist.~~

20 **SEC. ~~1221~~22A.3. APPLICABILITY OF ARTICLE.**

21 ~~Pursuant to Section 1001 of the San Francisco Public Works Code, an~~An applicant shall
22 comply with this Article as specified by San Francisco Building Code Section 106A.3.2.4.

23 **SEC. ~~1222~~22A.4. WAIVER OF REQUIREMENTS FOR COMPLIANCE.**

24 The Director may waive the requirements imposed by this Article if the applicant
25 demonstrates that the property has been continuously zoned as residential under the City

1 Planning Code since 1921, has been in residential use since that time, and no evidence has
2 been presented to create a reasonable belief that the soil and/or groundwater may contain
3 hazardous ~~substances~~wastes. ~~The~~ In these circumstances, the Director shall provide the applicant
4 and the Director of Building Inspection with written notification that the requirements of this
5 Article have been waived.

6 **SEC. ~~1223~~22A.5. DIRECTOR'S DISCRETIONARY AUTHORITY TO REQUIRE**
7 **COMPLIANCE.**

8 In addition to those areas defined pursuant to Section ~~1221~~22A.3, the Director has
9 authority to require soil and/or groundwater analysis pursuant to the provisions of this Article as
10 part of any building permit application when the Director has reason to believe that a
11 hazardous ~~wastes~~substance may be present in the soil and/or groundwater at the property.

12 **SEC. ~~1224~~22A.6. SITE HISTORY.**

13 (a) The applicant shall provide to the Director a site history for the property, prepared
14 by an individual with the requisite training and experience, as described in regulations
15 adopted pursuant to Section ~~1232~~22A.14. The site history shall contain a statement indicating
16 whether the property is listed on the National Priorities List, published by the United States
17 Environmental Protection Agency pursuant to the federal Comprehensive Environmental
18 Response Compensation and Liability Act, 42 U.S.C. Section 9604(c)(3) or listed as a
19 hazardous substance release site by the California Department of Toxic Substances Control
20 or the State Water Resources Control Board pursuant to the California Hazardous
21 Substances Account Act, California Health and Safety Code Section 25356. The site history
22 shall also include results of a permit records search investigating the history of permitted uses on the
23 site, as well as any known or discovered unpermitted uses or activities on site that would generate a
24 reasonable expectation that hazardous substances may be present in the soil and/or groundwater. The
25 applicant shall file the site history with the Director and the Director shall accept the report if the

1 requirements of this section are met~~and the certified laboratory~~. If the site history does not comply with
2 the requirements of this Section, the Director shall notify the applicant in writing within 30 days of
3 receipt of the report, indicating the reasons the report is unacceptable.

4 (b) If the site history indicates that there is no information that hazardous substances may be
5 present in the soil or groundwater at concentrations exceeding either the Department of Toxic
6 Substances Control's or Regional Water Quality Control Board's health risk levels, or other applicable
7 standards, given the intended use, the Director shall provide the applicant and the Director of
8 Building Inspection with written notification that the applicant has complied with the requirements of
9 this Article.

10 **SEC. ~~1225~~22A.7. SUBSURFACE SOIL SAMPLING AND ANALYSIS.**

11 **(a) Analysis of Sampled Soil** and/or Groundwater. Unless the Director provides written
12 notification that the applicant has complied with the requirements of this Article as provided in Section
13 22A.6(b) or 22A.9(a), the applicant shall submit a work plan to the Director for soil and/or
14 groundwater sampling and testing. The applicant shall demonstrate in the work plan how the sampling
15 and testing requirements of this Section will be satisfied, including the sampling locations, sampling
16 protocol, laboratory analyses to be conducted on the samples, and any other information required by
17 the Director to provide an accurate assessment of hazardous substances present at the site that may be
18 disturbed, or may cause a public health or safety hazard given the intended use. Upon approval of the
19 work plan by the Director, if so directed by the Department of Public Health, the ~~The~~ applicant shall
20 cause a Qualified Person or a ~~certified laboratory~~ to take, or supervise the collection of soil
21 samples on the property to determine the presence of hazardous substances~~wastes~~ in the soil
22 and/or samples of groundwater, the top surface of which is within ten feet of the lower limit of the
23 project excavation. The applicant shall conduct tests for hazardous substances that will accurately
24 assess the site, as determined by the Director.

(b) Such tests as referenced in subsection (a), may include the following types of hazardous substances analyses shall be conducted, unless an alternative proposal is approved by the Director:

(1) Inorganic persistent and bioaccumulative toxic substances as listed in Section 66261.24(a)(2)(A) of Title 22 of the California Administrative Code;

(2) Volatile organic toxic pollutants as listed in 40 Code of Federal Regulations, Part 122, Appendix D, Table II;

(3) PCBs;

(4) pH levels;

(5) Cyanides;

(6) Methane and other flammable or volatile gases;

(7) Total petroleum hydrocarbons;

(8) Semi-volatile compounds;

(9) Hazardous substances~~wastes~~ designated by the Director pursuant to Section 22A.14; and

(10) Any ~~other~~ hazardous substance~~waste~~ that ~~either~~ the Director ~~or the certified laboratory~~, after an examination of the site history, has reason to conclude may be present on the property. The Director shall make any such determination within 30 days of filing by the applicant of the site history.

(~~b~~c) **Procedures for Soil and/or Groundwater Sampling.** Soil and/or groundwater sampling shall be conducted in accordance with procedures for sampling soils and/or groundwater approved by the California Department of Toxic Substances Control or the State Water Resources Control Board and the San Francisco Bay Regional Water Quality Control Board. The Director shall maintain a list of such approved sampling procedures.

(~~e~~d) **Testing of Samplesd Soil.** Samples shall be analyzed by a certified laboratory in accordance with methods for analyzing samples for the presence of hazardous

1 ~~substances~~wastes approved by the California Department of Toxic Substances Control or the
2 State Water Resources Control Board and the San Francisco Bay Regional Water Quality
3 Control Board.

4 **SEC. ~~122622A~~8. SUBSURFACESOIL ANALYSIS REPORT.**

5 (a) Contents. The Applicant shall submit a soil and/or groundwater analysis report
6 prepared by the persons conducting the soil and/or groundwater sampling and analysis to the
7 Director, ~~the California Department of Toxic Substances Control, the San Francisco Bay Regional~~
8 ~~Water Quality Control Board~~ and to other agencies as directed by the Director. The report shall
9 include the following information:

10 (1) The names and addresses of the Qualified Persons~~persons who~~~~and the certified~~
11 ~~laboratory that~~ conducted the soil and/or groundwater sampling, and the soil and/or groundwater
12 analysis and who prepared the report;

13 (2) An explanation of the sampling and testing methodology;

14 (3) The results of the soil and/or groundwater analyses;

15 (4) Whether any of the analyses conducted indicate the presence of a
16 hazardous ~~substance~~wastes and, for each, the level detected and the State and federal
17 minimum standards for public health risks, if any;

18 ~~(5) The State and federal agencies to which the presence of the hazardous wastes has been~~
19 ~~reported and the date of the report;~~

20 ~~(5)(6)~~ If applicable, a statement that the Qualified Person~~certified laboratory~~, after
21 examination of the site history, has no reason to conclude that hazardous ~~substances~~wastes,
22 other than those listed in Section ~~122522A~~7(a)(1) through (a)(~~109~~), ~~were~~ are likely to be present
23 on the property;

24 ~~(6)~~ If applicable, a statement that the Qualified Person, based upon the analyses conducted,
25 recommends site mitigation given the intended use of the site.

(b) Review by Director. The Director shall determine whether the ~~site history~~, soil and/or groundwater sampling and analyses required by this Article were conducted in accordance with the approved work plan and whether the report required by this Section is complete. If the ~~site history~~, soil and/or groundwater sampling or analyses were not conducted in accordance with the approved work plan or the report does not comply with the requirements of this Section, the Director shall notify the applicant in writing within 30 days of receipt of the report, indicating the reasons the report is unacceptable. A copy of the notification shall be sent to the Director of Building Inspection. Until the Director certifies a report as final, the Director may require additional soil and/or groundwater sampling and analysis.

(c) No Hazardous Substances Wastes Present. If the soil and/or groundwater sampling and analysis report indicates that there are no hazardous ~~substances~~wastes present in the soil or groundwater that exceed the Department of Toxic Substances Control's or Regional Water Quality Control Board's public health risk levels, or other applicable standards, given the intended use, the Director shall provide the applicant and the Director of Building Inspection with written notification that the applicant has complied with the requirements of this Article.

SEC. ~~1227~~22A. 9. KNOWN HAZARDOUS SUBSTANCE~~WASTE~~ SITE; HUNTERS POINT SHIPYARD PARCEL A.

(a) ~~If the soil sampling and analysis report or site history indicates that the property is listed on the National Priorities List or the list of California Hazardous Substances Account Act release sites, the applicant shall provide to the Director certification or verification from the appropriate federal or State agency that any site mitigation required by the federal or State agency has been completed and complete the certification procedure set forth in Section 1229. Certification by a competent State or federal agency that mitigation measures have been properly completed shall constitute a conclusive determination and shall be binding upon the Director. At the request of an applicant, the Director may determine that one or more of the requirements of this Article have been met if an applicant provides~~

1 satisfactory documentation to the Director that the applicant or other party responsible for the site
2 conditions, has completed a process equivalent to the process required by this Article under the
3 oversight of a federal or state agency with jurisdiction to oversee the investigation and remediation of
4 hazardous substances at the site and the process has taken into account the intended use for which the
5 applicant seeks a building permit.

6 (b) Applicant's activities on the Hunters Point Shipyard, as defined in Article 31, are
7 governed by Article 31 of the Health Code and not by this Article.

8 **SEC. ~~1228~~22A.10. APPLICANT'S RESPONSIBILITY UPON DISCOVERY OF**
9 **HAZARDOUS SUBSTANCES~~WASTES~~.**

10 Unless Section ~~1227~~22A.9 is applicable, if ~~the~~ a soil and/or groundwater sampling and
11 analysis report indicates that hazardous ~~substances~~wastes are present in the soil or hazardous
12 substances in groundwater exceed the Department of Toxic Substances Control's or Regional Water
13 Quality Control Board's public health risk levels given the intended use, the applicant shall:

14 ~~(a) For the purposes of this Section, a qualified person is defined as one or more of the~~
15 ~~following who is registered or certified by the State of California: soil engineer, civil engineer,~~
16 ~~chemical engineer, engineering geologist, geologist, hydrologist, industrial hygienist or environmental~~
17 ~~assessor.~~

18 ~~(ab) Prepare a~~ The site mitigation plan~~report shall that~~ contains the following information:

19 (1) A determination by the Qualified Person~~qualified person~~ as to whether the hazardous
20 ~~substances~~wastes in the soil and/or groundwater are causing or are likely to cause significant
21 ~~environmental or~~ health and safety risks given the intended use.

22 (2) If a determination of a significant health and safety risk is made under subsection (a)(1), a
23 and if so, recommendation by the Qualified Person of measures that will assure that the intended
24 use will not result in public health or safety hazards in excess of the acceptable public health risk levels
25 established by the Department of Toxic Substances Control or the Regional Water Quality Control

Board, or other applicable regulatory standards and, therefore, will mitigate the significant health and safety risks caused or likely to be caused by the presence of the hazardous substanceswaste in the soil and/or groundwater given the intended use. If the report recommends mitigation measures it shall identify any soil and/or groundwater sampling and analysis that it recommends the project applicant conduct following completion of the mitigation measures to verify that mitigation is complete;

(23) A statement signed by the person who prepared the report certifying that the person is a Qualified Person~~qualified person within the meaning of this Section~~ and that in his or her judgment either no mitigation is required or the mitigation measures identified, if completed, will mitigate the significant ~~environmental or~~ health and safety risks caused by or likely to be caused by the hazardous substanceswastes in the soil and/or groundwater given the intended use;

(b)(3) Complete the site mitigation measures identified by the Qualified Person~~qualified person~~ in the site mitigation report; ~~and~~

(c)(4) Complete the certification required by Section ~~1229~~22A.11, and.

(d) Complete and record a deed restriction approved by the Director if the Applicant chooses to mitigate public health or safety hazards from hazardous substances through land use or activity restrictions.

SEC. ~~1229~~22A.11. FINAL REPORT AND CERTIFICATION.

(a) Contents. The applicant shall certify under penalty of perjury to the Director that:

(1) If Section ~~1227~~22A.9 is applicable, the applicant has received certification or verification from the appropriate State or federal agency that mitigation is complete.

(2) If Section ~~1228~~22A.10 is applicable:

(A) A Qualified Person~~qualified person~~ has determined in the site mitigation report that no hazardous substance levels~~wastes~~ in the soil and/or groundwater are causing or are

likely to cause significant environmental or public health and safety risks as set forth in Section 22A.8(c), and the Qualified Person~~qualified person~~ recommends no mitigation measures; or

(B) The applicant has performed all mitigation measures recommended in the site mitigation plan, and has verified that mitigation is complete by conducting follow-up soil and/or groundwater sampling and analysis, if recommended in the site mitigation report.

(b) Applicant Declarations. The certification shall state:

"The Applicant recognizes that it has a nondelegable duty to perform site mitigation; that it, and not the City, is responsible for site mitigation; that it, not the City, attests to and is responsible for the accuracy of the representations made in the certification, and that it will continue to remain liable and responsible, to the extent such liability or responsibility is imposed by State and federal law, for its failure to perform the site mitigation."

(c) Following successful completion of the final report and certification, and if applicable, a deed restriction, the Director shall issue a letter of no further action.

SEC. ~~1230~~22A.12. NOTIFICATION TO DIRECTOR OF BUILDING INSPECTION.

After receipt of the certification required by Section ~~1229~~22A.11, the Director shall provide the applicant and the Director of Building Inspection with written notification that the applicant has complied with the requirements of this Article.

SEC. ~~1231~~22A.13. MAINTENANCE OF REPORT BY DIRECTOR.

The site history, ~~soil~~ subsurface sampling analysis report, certification and related documents shall become a part of the file maintained by the Department.

SEC. ~~1232~~22A.14. RULES AND REGULATIONS.

(a) Adoption of Rules. The Director may adopt, and may thereafter amend, rules, regulations and guidelines that the Director deems necessary to implement the provisions of this ordinance. For the purposes of this Article, a public hearing before the Health

Commission shall be held prior to the adoption or any amendment of the rules, regulations and guidelines recommended for implementation. In addition to notices required by law, the Director shall send written notice, at least 15 days prior to the hearing, to any interested party who sends a written request to the Director for notice of hearings related to the adoption of rules, regulations and guidelines pursuant to this Section.

(b) Consideration of state and federal law. In developing such rules, regulations, and guidelines, the Director shall consider, *inter-alia among other things*, State and federal statutes and regulations pertaining to hazardous substances~~wastes~~ with the purpose of coordinating local regulations with them.

(b)(c) Guidelines for Regulations. Rules, regulations and guidelines may address among others, the following subjects:

(1) Minimum standards for acceptable site histories. The minimum standards shall be designed to assist interested persons including, but not limited to, the Director of Building Inspection, and other state and local public agencies ~~and certified testing laboratories~~, to evaluate whether analyses, other than those required by Section ~~122522A.7~~22A.7(a)(1) through (a)(~~109~~), must be conducted to detect the presence in the soil and/or groundwater of hazardous substances~~wastes~~ and to determine what analyses are appropriate. These are the minimum standards and the Director may require additional information on the site.

(2) Minimum education and experience requirements for the persons who prepare site histories pursuant to Section ~~122422A.6~~22A.6. In making this determination, the Director shall consider relevant those academic disciplines and practical experience which would qualify an individual to evaluate a property in San Francisco and identify prior uses made of the property that may be relevant in determining whether there are hazardous substances~~wastes~~ in the soil and/or groundwater and what analyses, if any, are appropriate to identify them.

(3) Precautionary measures to minimize long-term exposure to hazardous ~~substanceswastes~~ that cannot be removed or are not required to be removed by the site mitigation plan.

(4) Designation of areas and analyses. Designation of areas in the City, in addition to the areas described in ~~Section 1001 of the San Francisco Public Works~~ San Francisco Building Code Section 106A.3.2.4, where the Director has reason to believe that the soils or groundwater may contain hazardous ~~substanceswastes~~ and the designation of the analyses specified in Section ~~122522A.7~~ that shall be conducted in each area.

(5) Designation of additional hazardous ~~substanceswastes~~. ~~The designation of additional hazardous substanceswastes, other than those listed in Section 1225(a)(1) through (a)(9),~~ for which analyses must be conducted. The designation shall be based on a determination by the Director that there is a reasonable basis to conclude that such other hazardous ~~substanceswastes~~ may be in the soil and/or groundwater. The designation may be made applicable to a specified area or areas of the City or city- wide as determined by the Director.

(6) Waiver from Requirements for Analyses. The exclusion of hazardous ~~substanceswastes~~ from the analysis requirements set forth in Section ~~122522A.7~~ upon a determination that the hazardous ~~substancewaste~~ does not pose a significant present or potential hazard to ~~human~~ public health and safety or to the environment.

SEC. ~~123322A.15~~. NOTIFICATION TO BUYER.

The Director shall prepare and maintain for public distribution a summary of the requirements of this Article. The seller or the seller's agent involved in the sale or exchange of any real property located on any parcel of land identified in San Francisco Building Code Sec. 106A.3.2.4 and bayward of the high tide line as indicated on the Historic San Francisco Maps as described in Article 20 of the Public Works Code and as reflected on the map prepared and maintained for public distribution by the Director and in those areas designated by the Director pursuant to

1 Section ~~1223~~22A.5 shall provide a copy of the summary to the buyer or buyers and shall obtain
2 a written receipt from the buyer or buyers acknowledging receipt of the summary. Failure to
3 give notice as required by this Section shall not excuse or exempt the buyer of the property
4 from compliance with the requirements of this Article.

5 **SEC. ~~1234~~22A.16. NONASSUMPTION OF LIABILITY.**

6 In undertaking to require certain building or grading permits to include soil and/or
7 groundwater analyses for the presence of hazardous substances~~wastes~~, the City and County of
8 San Francisco is assuming an undertaking only to promote the general welfare. It is not
9 assuming, nor is it imposing on itself or on its officers and employees, any obligation for
10 breach of which it is liable for money damages to any person who claims that such breach
11 proximately caused injury.

12 **SEC. ~~1235~~22A.17. CONSTRUCTION ON CITY PROPERTY.**

13 The Department of Public Health shall work with a All departments boards, commissions
14 and agencies of the City and County of San Francisco that authorize construction or
15 improvements on land under their jurisdiction under circumstances where no building or
16 grading permit needs to be obtained pursuant to the San Francisco Building Code ~~shall adopt~~
17 to develop interdepartmental coordination protocols ~~rules and regulations to insure that the same site~~
18 ~~history, soil sampling, analyzing, reporting, site mitigation and certification procedures~~ ensure that the
19 goals of this Article 22A to protect the environment and the public health and safety are achieved as set
20 ~~forth in this Article are followed~~. The Directors of Public Health and Building Inspection shall
21 assist the departments, boards, commissions and agencies to ~~insure~~ ensure that these protocols
22 requirements are followed ~~met~~. Additionally, such protocols shall define and address emergency
23 situations, and a process for waiving testing or procedures that may delay emergency work.
24 Compliance by a City department or agency with this section shall constitute compliance with the
25 requirements of this Article 22A.

1 **SEC. ~~1236~~22A.18. SEVERABILITY.**

2 If any section, subsection, subdivision, paragraph, sentence, clause or phrase of
3 this Article or any part thereof, is for any reason to be held unconstitutional or invalid or
4 ineffective by any court of competent jurisdiction, such decision shall not affect the validity or
5 effectiveness of the remaining portions of this Section or any part thereof. The Board of
6 Supervisors hereby declares that it would have passed each section, subsection, subdivision,
7 paragraph, sentence, clause or phrase thereof irrespective of the fact that any one or more
8 sections, subsections, subdivisions, paragraphs, sentences, clauses or phrases be declared
9 unconstitutional or invalid or ineffective.

10 **SEC. ~~1237~~22A.19. FEES.**

11 (a) The Director is authorized to charge the following fees to defray the costs of
12 document processing and review, consultation with applicants, and administration of this
13 Article: (1) an initial fee of \$501, payable to the Department, upon filing a site history report
14 with the Department; and (2) an additional fee of \$167 per hour for document processing and
15 review and applicant consultation exceeding three hours or portion thereof, payable to the
16 Department, upon filing of the certification required pursuant to Section ~~1229~~22A.11.

17 (b) Beginning with fiscal year 2008-2009 and annually thereafter, the fees set
18 forth in this Section may be adjusted each year, without further action by the Board of
19 Supervisors, as set forth in this Section.

20 Not later than April 1, the Director shall report to the Controller the revenues
21 generated by the fees for the prior fiscal year and the prior fiscal year's costs of operation, as
22 well as any other information that the Controller determines appropriate to the performance of
23 the duties set forth in this Section.

24 Not later than May 15, the Controller shall determine whether the current fees
25 have produced or are projected to produce revenues sufficient to support the costs of

1 providing the services for which the fees are assessed and that the fees will not produce
2 revenue which is significantly more than the costs of providing the services for which the fees
3 are assessed.

4
5 The Controller shall, if necessary, adjust the fees upward or downward for the
6 upcoming fiscal year as appropriate to ensure that the program recovers the costs of
7 operation without producing revenue which is significantly more than such costs. The adjusted
8 rates shall become operative on July 1.

9 Section 4. The Public Works Code is hereby amended by repealing Article 20 in its
10 entirety, including Sections 1000, 1001, 1004, 1006, 1012, and 1014, to read as follows:

11 **~~ARTICLE 20: ANALYZING THE SOILS FOR HAZARDOUS WASTES~~**

12 **~~SEC. 1000. DEFINITIONS.~~**

13 ~~For the purposes of this Article the following definitions shall apply:~~

14 ~~"Certified laboratory" mean a laboratory certified by the California Department of Health~~
15 ~~Services, pursuant to the provisions of Section 25198 of the California Health and Safety Code, for~~
16 ~~analyzing samples for the presence of hazardous waste.~~

17 ~~"Director" means the Director of the Department of Public Works of the City and County of San~~
18 ~~Francisco.~~

19 ~~"Director of Public Health" shall means the Director of the Department of Public Health of the~~
20 ~~City and County of San Francisco.~~

21 **~~SEC. 1001. ANALYSIS REQUIRED.~~**

22 ~~(a) Applicants for any building permit shall comply with the requirements of Article 22A of the~~
23 ~~San Francisco Public Health Code when:~~

24 ~~1. The permit is for a construction project that involves the disturbance of at least 50 cubic~~
25 ~~yards of soil; and~~

1 2. ~~The parcel of land or part thereof on which the construction or part thereof will occur is~~
2 ~~located:~~

3 (A) ~~Bayward of the high-tide line as indicated on the Historic San Francisco Maps, prepared~~
4 ~~by the State of California, State Lands Commission, State Lands Division and filed with the Recorder of~~
5 ~~the City and County of San Francisco pursuant to Chapter 1333 of the 1968 Statutes, as amended by~~
6 ~~the California Legislature, for reference in conjunction with the map and description of lands, situated~~
7 ~~in the City and County of San Francisco, that were transferred to the City and County of San Francisco~~
8 ~~under Chapter 1333. The Director of Public Health shall prepare and maintain for public distribution~~
9 ~~a map that reflects this line.~~

10 (B) ~~In any area of the City and County of San Francisco designated by the Director of Public~~
11 ~~Health pursuant to Section 1232 of the Health Code.~~

12 **~~SEC. 1004. PERMIT APPROVAL.~~**

13 (a) ~~Except for site permits issued pursuant to San Francisco Building Code Section 303(g),~~
14 ~~once the Director of Public Health has determined that the required site history, soil sampling and~~
15 ~~analyses were conducted and the report contains the information required by Section 1003, the~~
16 ~~Director of Public Works may approve or disapprove the application subject to the terms and~~
17 ~~limitations of this Section. The Director of Public Works may issue a site permit pursuant to San~~
18 ~~Francisco Building Code Section 303(g) prior to the time an applicant complies with this Article,~~
19 ~~provided, however, that the Director of Public Works shall not issue any addenda pursuant to Building~~
20 ~~Code Section 303(g), except addenda necessary to carry out the soil sampling or site mitigation~~
21 ~~measures required by this Article, until the applicant has complied with all applicable provisions of this~~
22 ~~Article. The holder of a site permit and any addenda necessary to comply with this Article shall~~
23 ~~proceed with approved addenda work at his own risk, without assurance that approvals for the~~
24 ~~remaining addenda or for the entire building will be granted.~~

1 ~~(b) For the purposes of completing the requirements of this Article, the time limitations set~~
2 ~~forth in Section 303(a)(1)(B) of the San Francisco Building Code do not apply.~~

3 **~~SEC. 1006. COMPLETED APPLICATION.~~**

4 ~~No building permit application subject to the requirements of this Article shall be complete, for~~
5 ~~the purposes of Government Code Sections 65950 et seq., until the applicant submits to the Department~~
6 ~~of Public Works written notification from the Director of Public Health that:~~

7 ~~(a) The Director of Public Health has reviewed and accepted as complete the soil analysis~~
8 ~~report required by Section 1003, and~~

9 ~~(b) One of the following conditions is satisfied:~~

10 ~~1. The report indicates that no hazardous wastes are present in the soil, or~~

11 ~~2. The report indicates that hazardous wastes are present in the soil and the applicant has~~
12 ~~submitted certification in accordance with the provisions of Section 1005 that site mitigation, if~~
13 ~~necessary, is complete.~~

14 **~~SEC. 1012. PERMIT WARNING.~~**

15 ~~All building permits issued by the Central Permit Bureau shall bear the following printed warning:~~

16 **~~WARNING~~**

17 ~~Pursuant to Article 20 of Chapter 10, Part II of the San Francisco Municipal Code (Public Works~~
18 ~~Code), certain building permits may be issued only after the permittee analyzes the soil for the presence~~
19 ~~of hazardous wastes and, where applicable, certifies that it has completed site mitigation. No officer,~~
20 ~~employee, or agency of the City conducted the soil sampling and analyses, recommended site~~
21 ~~mitigation measures, conducted the site mitigation or checked or verified the reports submitted or work~~
22 ~~performed for accuracy, reliability or adherence to protocols. In issuing this permit, neither the City~~
23 ~~nor any of its officers or employees make any representation that the soil on or about the site is free~~
24 ~~from the presence of hazardous wastes. Nor does the City's implementation of this process relieve any~~
25 ~~person from their duties and responsibilities relating to hazardous contamination under state and~~

1 ~~federal law. Neither soil analysis pursuant to Article 20 of the Public Works Code nor the issuance of~~
2 ~~this permit is intended to alter, extinguish, or transfer these responsibilities.~~

3 **~~SEC. 1014. SEVERABILITY~~**

4 ~~If any section, subsection, subdivision, paragraph, sentence, clause or phrase of this Article or any~~
5 ~~part thereof, is for any reason to be held unconstitutional or invalid or ineffective by any court of~~
6 ~~competent jurisdiction, such decision shall not affect the validity or effectiveness of the remaining~~
7 ~~portions of this Article or any part thereof. The Board of Supervisors hereby declares that it would~~
8 ~~have passed each section, subsection, subdivision, paragraph, sentence, clause or phrase thereof~~
9 ~~irrespective of the fact that any one or more sections, subsections, subdivisions, paragraphs, sentences,~~
10 ~~clauses or phrases be declared unconstitutional or invalid or ineffective.~~

11 Section 5. Effective Date. This ordinance shall become effective 30 days from the
12 date of passage.

13 Section 6. This section is uncodified. In enacting this Ordinance, the Board intends to
14 amend only those words, phrases, paragraphs, subsections, sections, articles, numbers,
15 punctuation, charts, diagrams, or any other constituent part of the Health Code, Building
16 Code, or Public Works Code that are explicitly shown in this legislation as additions, deletions,
17 Board amendment additions, and Board amendment deletions in accordance with the "Note"
18 that appears under the official title of the legislation.

19
20 APPROVED AS TO FORM:
21 DENNIS J. HERRERA, City Attorney

22 By: _____
23 VIRGINIA DARIO ELIZONDO
24 Deputy City Attorney

25 n:\legana\as2013\1300380\00842503.doc

FILE NO.

LEGISLATIVE DIGEST

[Building, Health, Public Works Codes - Soil and/or Groundwater Testing Requirements]

Ordinance amending the Building and Health Codes to expand the boundaries and types of projects for which soil testing is required and require testing of groundwater under specified circumstances; amending the Public Works Code to eliminate soil testing provisions; renumber code sections in Health Code Article 22A, and making environmental findings.

Existing Law

Article 22A of the Health Code, Article 20 of the Public Works Code, and Section 106A.3.2.4 of the Building Code (collectively referred to as the "Maher Ordinance," adopted 1986) require applicants for building permits to develop site histories and, if necessary, to test soils for hazardous substances and perform appropriate handling, clean-up or capping of contaminated sites, for development projects that:

- Would disturb 50 + cubic yards soil; and
- Are located near the City's eastern shoreline

These ordinances are administered by the Department of Public Health (DPH - oversight of site history, work plan and mitigation plan) and the Department of Building Inspection (DBI - permit review and site inspection).

For projects located within designated area that would disturb 50 or more cubic yards of soil, permit applicants are required to submit site histories (permit history, record of past known uses, etc.) to DPH. If DPH determines, based upon site history, that there is no information to indicate the site may contain hazardous substances that pose risk to public health, then no further action required. If DPH determines that site may contain hazardous substances that pose risk to public health, then the permit applicant must submit work plans to DPH for taking and analyzing soils samples on site. If analysis shows the site is clean, then no further action required. If soils analysis indicates hazardous substances present on site, then the permit applicant must prepare a site mitigation plan for soils handling, disposal of contaminated soils and/or capping of site, under supervision of DPH. These actions, under supervision of DPH, must occur before DBI may issue a permit to commence building the project.

Amendments to Current Law

The proposed ordinance amendments will:

FILE NO.

- Expand the geographic scope of Article 22A of the Health Code to cover all known areas throughout City with the potential to encounter hazardous substances, primarily areas currently or formerly zoned for industrial uses, sites with industrial uses or underground storage tanks, sites with historic bay fill, sites in close proximity to freeways or underground storage tanks.
- Expand Article 22A of the Health Code to include testing of groundwater when hazardous substances and groundwater are found on building sites.
- Codify a process for building site reporting, analysis processes that will result in improved consistency, certainty, and equity.
- Ensure consistency between Article 22A and applicable Building Code requirements.

The proposed ordinance amendments also repeal obsolete portions of the Public Works Code.

Background Information

In 1986, the San Francisco Board of Supervisors adopted an ordinance to address public concerns about hazardous materials exposure. The ordinance required that the Department of Health determine whether applicants for certain building permits observe and complete the requirements for analyzing the soil for the presence of hazardous waste. At that time, City engineers delineated areas of concern on a map which identified areas bayward of the historic 1851 shoreline.

The ordinance required specific soils analysis for inorganic and organic chemicals at construction sites where at least 50 cubic yards of soil are to be disturbed, the site is bayward of the historic high tide line, and a building permit is needed.

Since this time, the Planning Department and DPH have recognized that other areas of the City have hazardous substances in the soil and groundwater that could affect public health and safety. According to the departments, the geographic extent of the current ordinance is too limited – potential hazardous substance contamination of building sites occurs throughout a much larger area of City than the current boundaries of the area covered by the ordinance. In addition, the ordinance does not cover groundwater contamination - if a building site has contaminated soils, the groundwater also present at the site is likely to be contaminated as well.

For building sites outside of area delineated by the current ordinance, site histories, testing for and remediation of contaminated soils and groundwater are still required for development projects, but only on a case-by-case basis through CEQA mitigation measures and conditions of project approval. This process is cumbersome and time-consuming, and provides for less

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certainty and consistency for projects located outside the area delineated by the current ordinance.

The Planning Department and the DPH have proposed amendments to Article 22A to address other areas of San Francisco that have been filled with soils that may contain hazardous substances, industrial zoned areas, areas within 150 feet of elevated freeways and properties within 100 feet of underground storage tanks, and the groundwater associated with such areas. DPH also recognizes that improved and more effective scientific and health risk exposure levels have been developed since 1986, and proposes to use these considerations for reviewing analytical reports and the proposed uses of developed properties.

The purposes of the proposed amendments are to:

- Ensure that contaminated soils and/or groundwater are managed, cleaned up or appropriately capped throughout the City, in order to protect public health and worker safety and in a consistent and equitable manner, as building sites are developed.
- Codify consistent responsibilities and processes, for all projects with similar circumstances and concerns.
- Allow DPH flexibility to adopt practical and effective protocols for City infrastructure projects.
- Provide more certainty and fewer surprises for project applicants.



1. ENVIRONMENTAL HEALTH LAND USE REGULATIONS ADMINISTERED BY THE DEPARTMENT OF PUBLIC HEALTH

1.1 Soil Analysis for Hazardous Waste (SFHC Article 22A)

Policy, Purpose and Scope

In 1986, San Francisco Supervisor Bill Maher authored amendments to the San Francisco Health Code requiring analysis of soil contaminants within designated areas of San Francisco prior to the approval of a development permit issued by the Department of Building Inspection. Risks of occupational exposure from the excavation of landfill material motivated the introduction of the legislation. The law applies to properties either east of the Eddy Red Line (historical landfill areas) or in an area designated by the Director of Health where 50 cubic yards of soil or greater is to be excavated or graded. The law requires the project proponent to do the following:

- Prepare a site history for review by DPH
- If indicated by site history, develop and implement a Soils Analysis Plan approved by DPH
- If indicated by the soils analysis, develop and implement a Site Mitigation Report approved by DPH
- Prepare a Certification or Final Report with submittal to DPH.

DPH Roles and Activities

- Review the site history and Soil Sampling Plan
- Review and approve Soils Analysis Plan
- Review Soils Analysis Report following implementation of Soil Sampling Plan
- Determine if a Site Mitigation Report is required, based on sampling results
- Review Site Mitigation Report
- Review Certification Report
- Ensure implementation of Mitigation Measures.

The Planning Department routinely refers project proponents to DPH when the law applies to the proposed project. Upon review of the site history, DPH may require a Soils Analysis Plan. DPH works with the project proponent and his or her environmental consultant to develop and approve a plan to evaluate contaminants in soils and groundwater. The proponent implements the analysis plan. DPH then reviews the soils analysis to determine whether a site mitigation plan is needed. A site mitigation plan is required when the analysis finds excessive levels of metals, petroleum hydrocarbons, asbestos, volatile organic compounds, semi-volatile organic compounds, poly chlorinated biphenyls, pesticides, methane gas or other contaminants of concerns. The site mitigation plan contains measures to prevent construction worker exposure to the contaminants during development and to the future inhabitants, workers or maintenance employees on the site. Levels triggering mitigation are based on California state standards. Mitigation

measures may include excavation and disposal, implementation of a soils barrier, and installation of passive or active venting systems for gases.

Related Laws, Regulations, and Standards

- San Francisco Public Works Code Section 1001, Applicability
- California Health and Safety Code Section 25198, definition Certified Laboratory
- California Health and Safety Code, Section 25117 & California Administrative Code, Title 22, Division 4.5, Chapter 10, Article 5 Appendix X definition Hazardous Waste
- SF Health Code Regulations Analyzing Soil For Hazardous Wastes November 19, 1986

Applications

Since 1987, DPH has applied Article 22A to over 321 projects. There have been no public conflicts or controversy to date with respect to the implementation of Article 22A. There have been no appeals of Article 22A requirements by project proponents.

1.2 Voluntary Cleanup Program (California Health and Safety Code § 101480 et seq.)

Policy, Purpose, and Scope

The California Health and Safety Code (§ 101480 et seq.) authorizes property owners to enter into voluntary agreements with the Department of Public Health to remediate hazardous substances on their properties. The agreement includes a process for testing, monitoring, and analysis and for determining the necessary remedial action to protect human health, safety, and the environment. The law's requirements for assessment and remediation are similar to those found in Article 22A discussed above.

DPH Roles and Activities

- Review the site history and soil sampling plan
- Review Soils Analysis Report
- Determine if a Site Mitigation Plan is required based on sampling results
- Review and approve Site Mitigation Plans
- Ensure implementation of mitigation plans
- Prepare closure letter following completion of mitigation measures

Related Laws, Regulations and Standards

- San Francisco Public Works Code Section 1001, Applicability
- SF Health Code Regulations Analyzing Soil For Hazardous Wastes November 19, 1986
- California Code of Regulations Title 22 and Title 23
- Environmental Screening Levels (Regional Water Quality Control Board)
- California Human Health Screening Levels (Cal-EPA)

Applications

Since the law's passage, DPH has evaluated and directed remediation of over 96 projects through voluntary agreements. Mitigations through the voluntary program often eliminate the need for further analysis and mitigation through the CEQA process. There have been two appeals on the sufficiency of mitigation plans brought to the Planning Commission and the Board of Supervisors. In each case, the Board of Supervisors upheld the DPH determinations.

Presentation for Health Commission
May 7, 2013

In 1986, the San Francisco Board of Supervisors adopted an ordinance to address public concerns about hazardous materials exposure. Former Supervisor Bill Maher sponsored the ordinance and changes were made to the Public Works Code for the implementation of Article 20 of the Public Works Code in which the Public Works Code required that the Department of Health determine whether applicants for certain building permits observe and complete the requirements for analyzing the soil for the presence of hazardous waste. At that time, City Engineers delineated areas of concern on a map which identified areas bayward of the 1851 shoreline.

The ordinance required specific soils analysis for inorganic and organic chemicals at construction sites where at least 50 cubic yards of soil are to be disturbed, the site is bayward of the historic high tide line and a building permit is needed.

In 1998, an amendment was made to the Health Code, transferring Article 20 of the Public Works Code to the Health Code as Article 22A. Reference in the Public Health Code and the Building Department Code requires that developers and contractors comply with Article 22A. This amendment was made since the Department of Building Inspections was no longer part of Public Works.

Since this time, the Planning Department and the Health Department recognized that there were other areas of the City that had hazardous substances in the soil and groundwater that could impact the public health and safety.

The Planning Department and the Health Department have proposed amendments to Article 22A to address the other areas of San Francisco that have been filled with soils that may contain hazardous substances, industrial zoned areas, areas within 150 feet of elevated freeways and properties within 100 feet of underground storage tanks. Groundwater contamination has been added for analyses should groundwater be within 10 feet of the bottom of a proposed excavation. The Department of Public Health also recognizes the scientific and health risk exposure levels that have been developed since 1986 and has included these considerations for reviewing analytical reports and the proposed use of the property.

Areas where remediation is not feasible, mitigative measures such as vapor mitigation systems, barriers to prevent human health exposure to contaminated soils or groundwater and deed restrictions may be required.



Amendments to San Francisco Health Code Article 22A

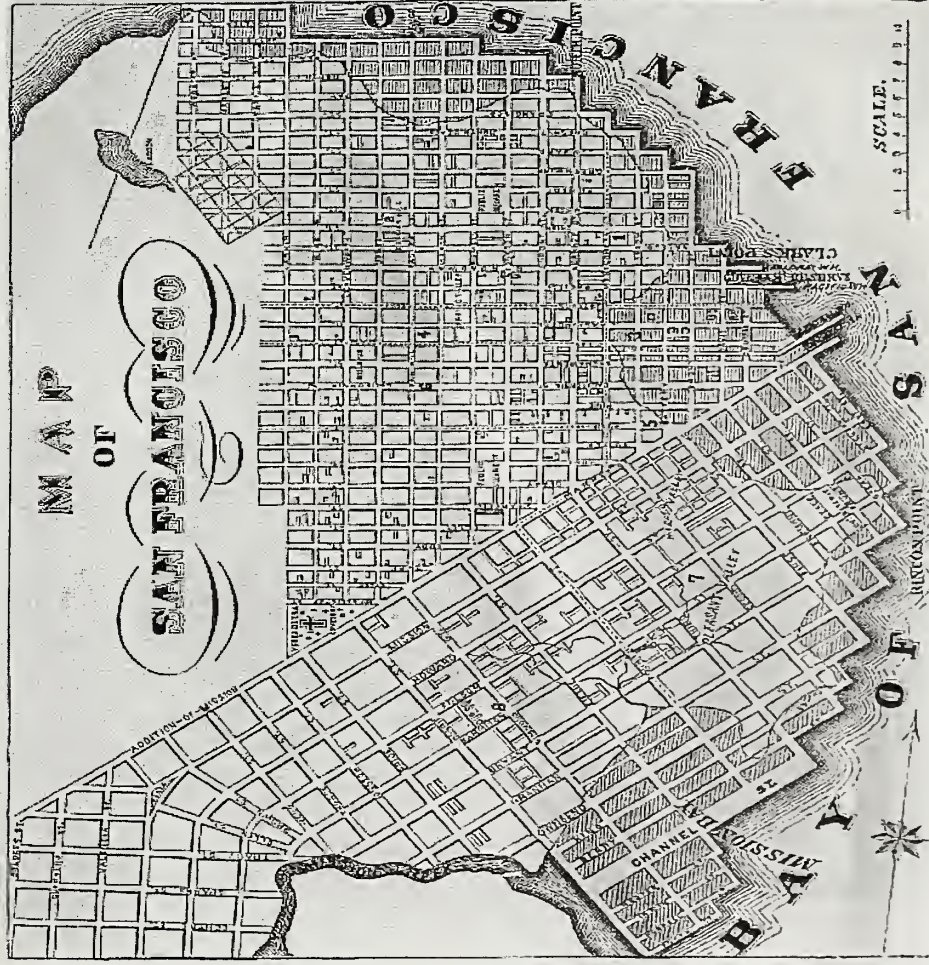
Presented by:
Stephanie Cushing, CHMM, R.E.H.S., M.S.P.H.
Principal Environmental Health Inspector

San Francisco History

- San Francisco was settled in 1776 by the Spanish.
- The Presidio and Mission were established by Juan Bautista de Anza and Jose Joaquin Moraga.



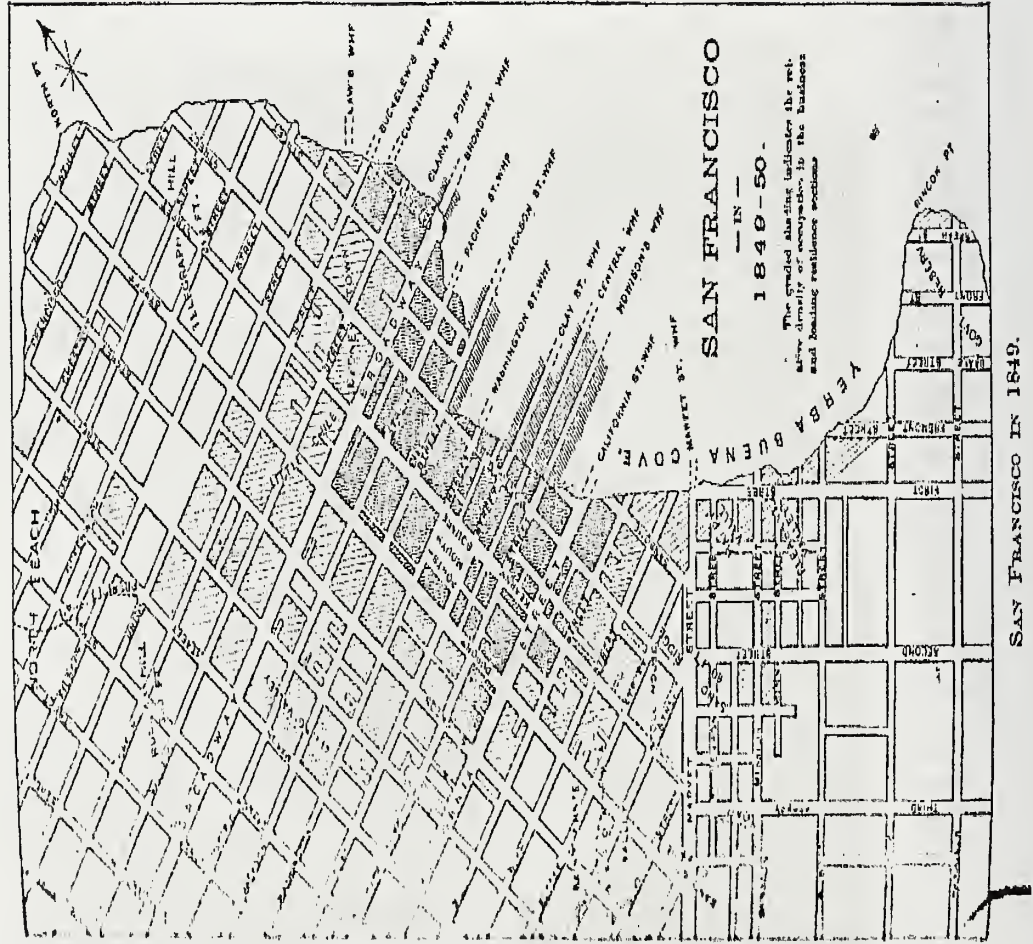
San Francisco History



In 1846, following the Mexican-American War, the town of Yerba Buena was renamed San Francisco.

San Francisco History

In 1847, the acting military governor of California, General S.W. Kearney, ordered the sale of beach and water lots.

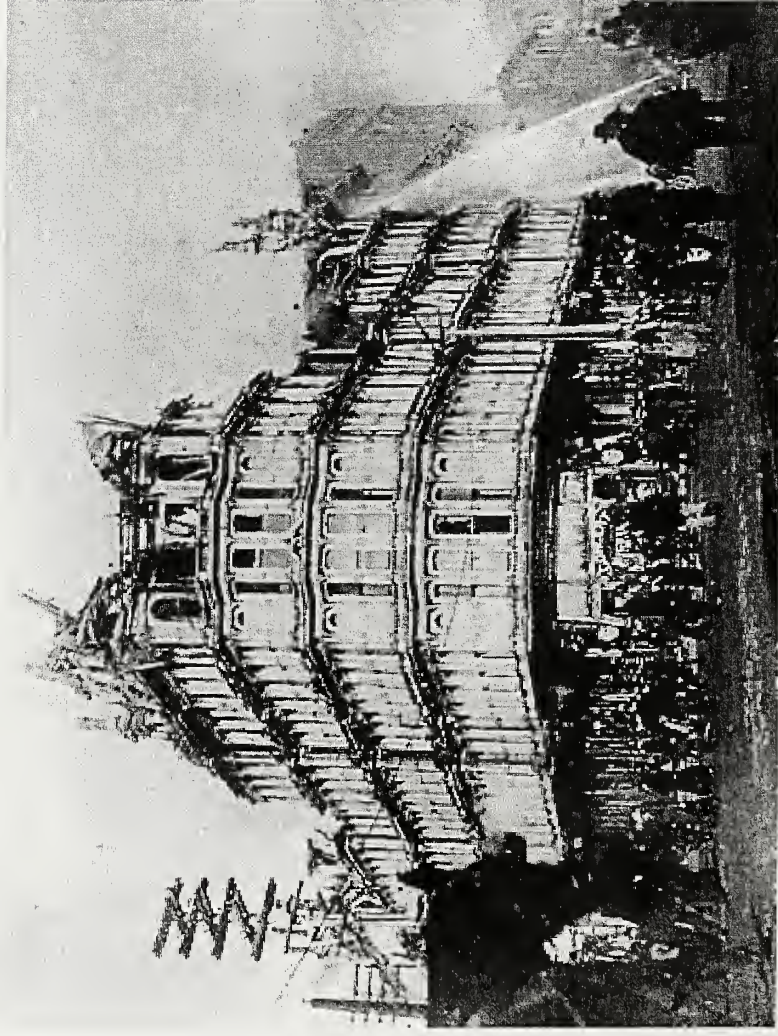


San Francisco History

- In 1848, with the discovery of gold in California, the population of San Francisco grew to 30,000.

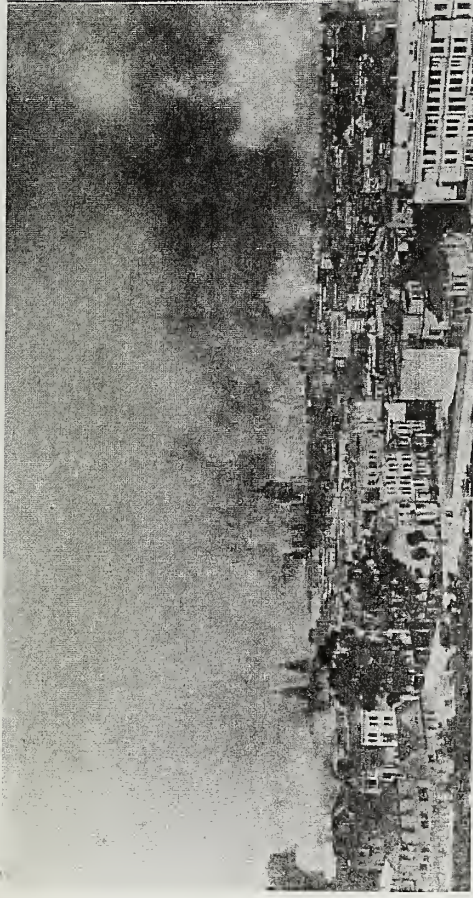


San Francisco History

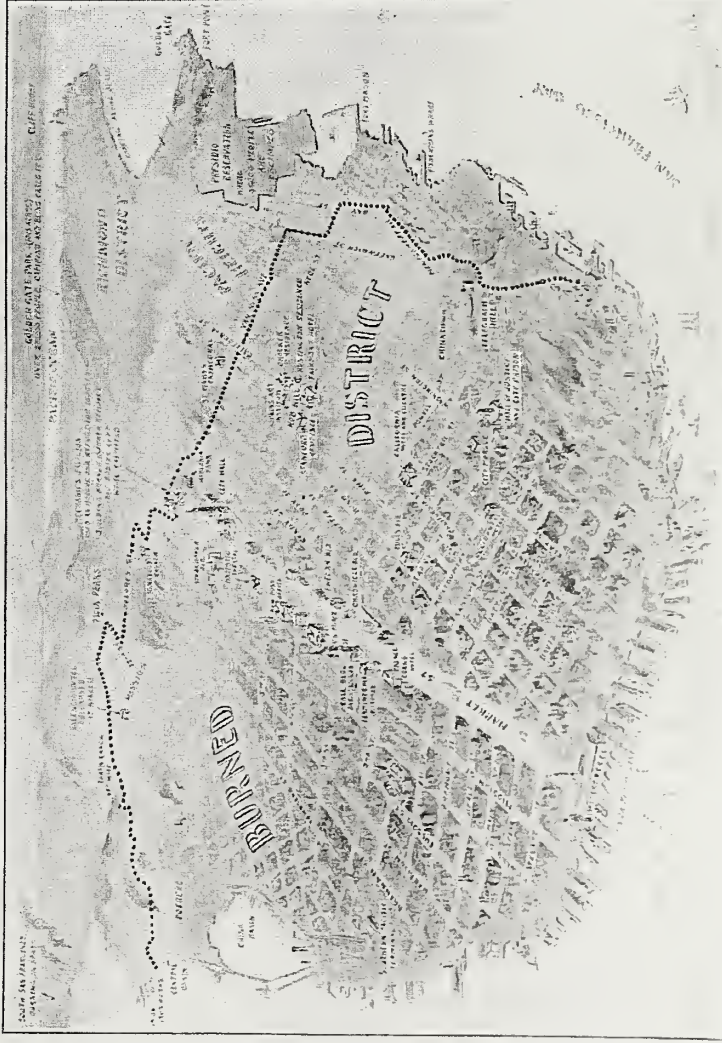


From 1849 to 1851 there were six great fires in which the collection of wooden houses, tents and ship hulks burned. Each time, San Francisco rebuilt.

In one of the last fires, over 3,000 buildings were destroyed.

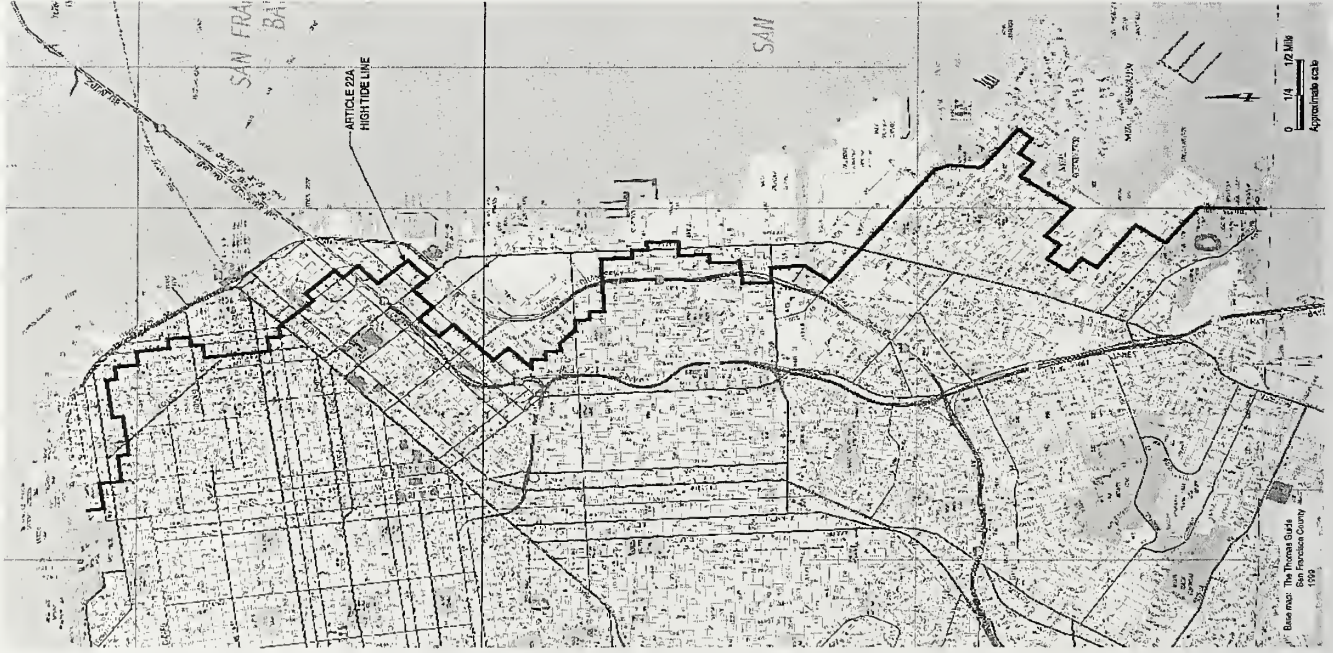


- During the 1906 Earthquake and fire, the City of San Francisco burned for four days and four square miles were destroyed.
- Much of the debris can still be found in filled areas of San Francisco.




REPRESENTATIVE VIEW OF THE CITY OF SAN FRANCISCO, CALIF., SHOWING THE EXTENT OF THE 1906 EARTHQUAKE AND FIRE. THE BURNED AREAS ARE INDICATED BY BLACK SHADING. THE DISTRICT BOUNDARIES ARE INDICATED BY DASHED LINES. THE MOST PROMINENT PLACES AND BUILDINGS ARE ALSO INDICATED.

In 1986, the San Francisco Board of Supervisors adopted a ordinance in response to public concerns for hazardous substances exposure. (Area east of the dark line)



Current Article 22A area with Industrially Zoned, Fill Areas, Underground Storage Tank Use, Areas Identified as a Hazardous Waste site and within 150 feet of raised freeways

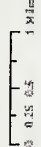
**CITY AND COUNTY OF SAN FRANCISCO
PLANNING DEPARTMENT**

Expanded Maher Area

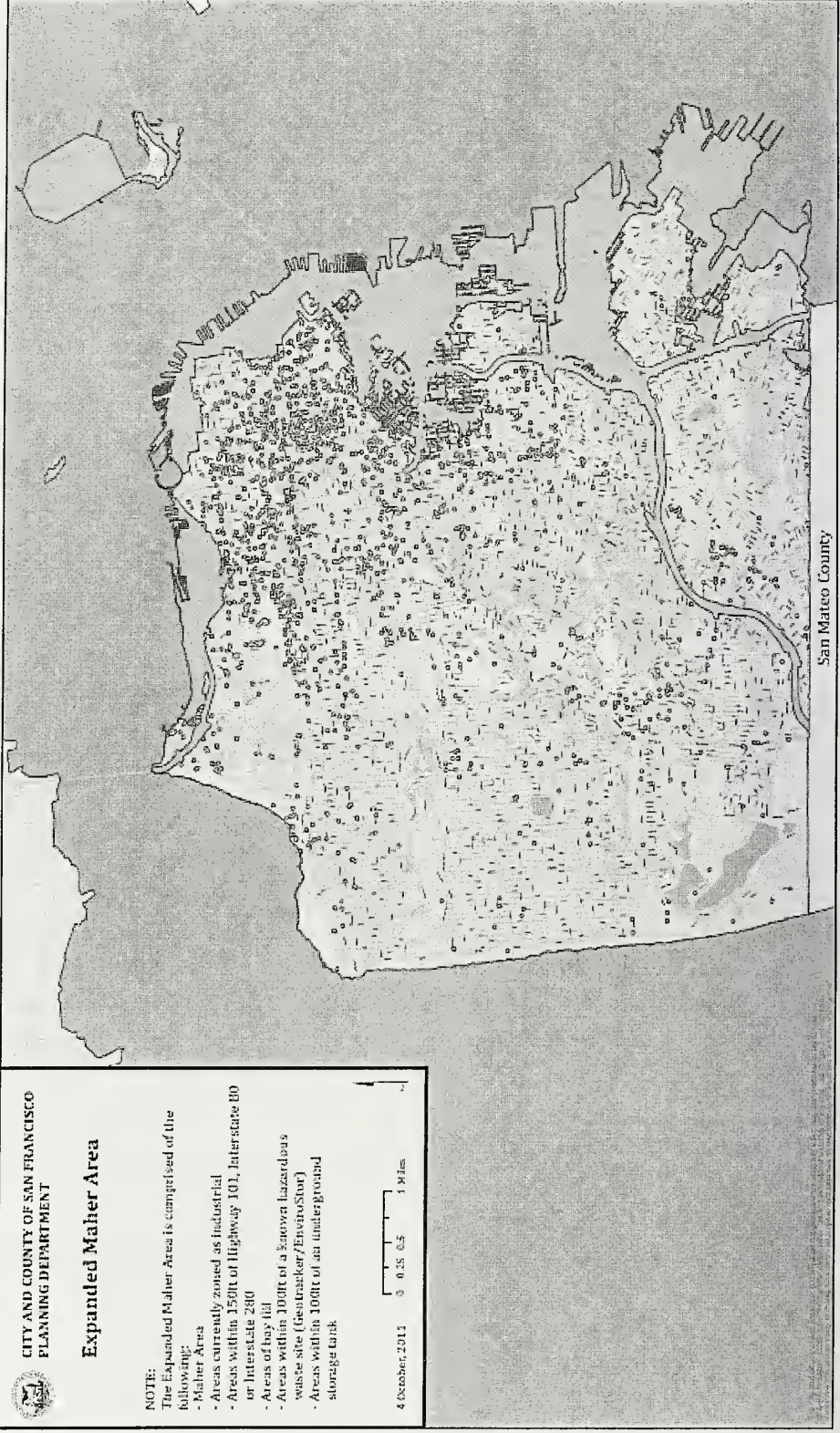
NOTE:
The Expanded Maher Area is comprised of the following:

- Maher Area
- Areas currently zoned as Industrial
- Areas within 150ft of Highway 101, Interstate 80 or Interstate 280
- Areas of bay fill
- Areas within 100ft of a known hazardous waste site (Geotracker/EnviroStor)
- Areas within 100ft of an underground storage tank

4 October, 2011



0 0.25 0.5 1 mi



San Francisco Health Code Article 22A

Comparisons

1986 and 1998	Proposed 2013
<ul style="list-style-type: none"> DPW Code (1986) moved to DBI and DPH Code (1998) 	<ul style="list-style-type: none"> DPH Code and DBI Codes, deleting obsolete DPW Codes
<ul style="list-style-type: none"> Soil Contamination 	<ul style="list-style-type: none"> Soil and Groundwater Contamination
<ul style="list-style-type: none"> Filled in Bay from the Original 1851 Shoreline 	<ul style="list-style-type: none"> Filled in Bay Zoned Industrial by Planning, Previously or Presently Permitted as Industrial Known Fill Areas (examples: former Mission Creek and Islais Creek, Marina Area), Within 150 ft of a raised freeway (example: HWY 101, HWY 80 and HWY 280) Within 100 feet of Hazardous Waste Site Within 100 feet of an Underground Storage Tank
<ul style="list-style-type: none"> Site History 	<ul style="list-style-type: none"> Site History
<ul style="list-style-type: none"> Site Characterization for Soils Only 	<ul style="list-style-type: none"> Work Plan for Site Characterization Site Characterization for Soils and Groundwater
<ul style="list-style-type: none"> Site Mitigation Plan 	<ul style="list-style-type: none"> Site Mitigation Plan
<ul style="list-style-type: none"> Final Certification Report 	<ul style="list-style-type: none"> Final Certification Report
	<ul style="list-style-type: none"> Deed Restriction in some Cases

Building Code Sections 106A.3.2.4.1, 106A.3.2.4.2, and 106A.3.2.4.4 and Health Code Article 22A

Are you applying for a Building or Grading Permit which involves the disturbance of at least 50 cubic yards (38.23 m³) of soil within the designated Article 22A area?

YES

NO

Does the site history indicate that hazardous substances may be present in the soil or groundwater at concentrations exceeding either the Department of Toxic Substances Control's or Regional Water Quality Control Board's health risk levels, or other applicable standards, given the intended use?

YES

NO

Submit:
1) Work Plan for Analysis of Sampled Soil and/or Groundwater.
2) Subsurface Analyses Report for DPH review and approval.

Were there hazardous substances present?

YES

NO

1) Submit Site Mitigation Plan for DPH review and approval.
2) Implement approved Site Mitigation Plan.

Submit Final Report and Certification Statement for DPH review and approval.

Are the Final Report and Certification approved?*

YES

The Director shall provide the applicant and the Director of Building Inspection with written notification that the applicant has complied with the requirements of this Article.

1. Has the property been continuously zoned as residential under the City Planning Code since 1921?
2. Has it been in residential use since that time? AND
3. No evidence has been presented to create a reasonable belief that the soil and/or groundwater may contain hazardous substances?

YES

NO

Not Subject to Article 22A of the Health Code

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 7, 2013, 4:00 p.m.

101 Grove Street, Room 300 or Room 302

San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner Sonia E. Melara, MSW, President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner Belle Taylor-McGhee

GOVERNMENT
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MAY 20 2013

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The meeting was called to order at 4:01pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 23, 2013.

Action Taken: The minutes of the April 23, 2013 Health Commission meeting were unanimously approved.

3) DIRECTOR'S REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

New Director of Human Resources

Please join me in welcoming Ron Weigelt as the new Director of Human Resources. Ron comes to us from Seattle King County Public Health Department where he served as the Director of Human Resources for the past 10 years. Ron brings many essential skills, innovations and experiences to his new position. As a positive change agent, he participated as a subject matter expert in Seattle King County's transition to PeopleSoft in 2012, and introduced new processes for human resources that improved customer service and was equally popular among staff. A certified Senior Human Resources Professional since 2003, he also has extensive experience as a labor negotiator. We look forward to having Ron help us as we move toward integration, certification and the many exciting challenges that lay ahead for our department.

Restaurant Worker Diagnosed with Typhoid Fever

On Friday, May 3, Communicable Disease Control issued a health advisory and a media alert that a restaurant handler who worked at the Nordstrom Café in Stonestown Galleria was diagnosed with typhoid fever. We believe the infectious disease was acquired by the individual during a trip outside of the United States. In addition to informing the clinical community and the media, the Department also worked closely with

Nordstrom to ensure the health and safety of their staff and the public. I am pleased with the coordination of this incident both within the Department and also with the many outside agencies and individuals that required notification and follow up. A copy of the press release is posted on the Department's website.

Avian Influenza A: H7N9 Health Advisory Updated

On May 1, based on updated guidance from CDC and CDPH, SFPDPH Disease Prevention & Control updated its Influenza A:H7N9 Health Advisory for San Francisco Clinicians regarding treatment, infection control, case definition and laboratory testing. The Health Alerts/Advisories page is at <http://www.sfcdcp.org/healthalerts.html>. Cases continue to be reported in multiple provinces in China and one human case was detected in a person from Taiwan who had traveled to China. There is currently no evidence of sustained human-to-human transmission and no cases have been reported in the USA. This is an evolving situation which we are closely monitoring, and will provide additional updates to clinicians and the public periodically as information changes. A document containing FAQ for the public about Avian Influenza A:H7N9 was developed jointly by the Community Health Promotion, Disease Prevention and Control and Public Health Emergency and Preparedness Branches. It is currently available in English at <http://www.sfcdcp.org> and will shortly be available in Spanish and Chinese. It has been a busy couple of weeks for communicable disease control

MHSA Innovations: 12N Project Begins Rolling Out

Chapter 12N of the San Francisco Administrative Code requires all City departments to provide lesbian, gay, bisexual, transgender sensitivity and anti-stigma training to all staff who have direct contact with youth, or whose work directly affects youth. The 12N ordinance specifies that the training must include issues faced by: LGBT youth with disabilities, LGBT youth with mental health issues, LGBT youth with HIV, Immigrant LGBT youth, LGBT youth of color, sexually abused LGBT youth, runaway and homeless LGBT, and LGBT youth from non-accepting households. The 12N work committee worked diligently to develop a youth-inspired training video on LGBTQ sensitivity issues, supporting documents, and pre/post evaluation. The City and County of San Francisco is committed to its LGBTQ youth community, and mandates that the City's service providers engage youth in a manner that fosters respect and dignity, self empowerment, a safe space, cultural sensitivity and competency, compassion, acceptance, and tolerance.

The video has begun rolling out in a series of workshop-oriented screenings. The next screenings are scheduled for Friday, May 24th and Friday, June 21st, 1-3 p.m. at 25 Van Ness, Room 610. If the Commissioners would like to attend any of the upcoming workshops, please contact Norman.Aleman@sfdph.org, or 255-3553, in the office of Health Equity, Cultural Competency and Workforce Development.

2013 National Transgender Health Summit, May 17-18th in Oakland

The Center of Excellence for Transgender Health and the World Professional Association for Transgender Health invite health care providers, health and human service professionals, mental health professionals, health administrators, researchers, students and advocates to attend the 2013 National Transgender Health Summit on May 17-18th in Oakland, CA. Programming includes plenary sessions by world-renowned experts in the field of transgender health care, training tracks for medical and mental health care providers interested in building their skills for working with transgender patients and clients, a research track for the dissemination of cutting edge developments in the field of transgender health, and a transgender health policy institute. Full program information is available online at <http://transhealth.ucsf.edu/summit>. CME and CEU course credit is available.

DPH Awarded Four University Community Partnership Grants

We have been informed by the University of California that the University Community Partnerships (UCP) Council has awarded UCP Partnership Grants to four Department of Public Health programs. The awardees represent a broad range of partnership projects that serve diverse communities throughout San Francisco,

involve most schools at UCSF, and include a mix of students/learners, faculty and staff members.

Congratulations to all of the programs who will be recipients of these \$2500 grants.

1. *Painting Healthier Smiles*, Child Care Health Project and Child Health & Disability Prevention Program
2. *Cribs for Kids*, Maternal Child Adolescent Health, Public Health Nursing
3. *Healthy Transitions for Older Adults Pilot Project*, Jail Health Services
4. *Patient Voices in Wellness Promotion*, San Francisco General Hospital's Community Wellness Program

More information on the grants program is available at <http://partnerships.ucsf.edu/partnership-grants>.

Whistleblower Program

This is a reminder that the City's Controller's Office operates a Whistleblower Program, open to all members of the public as well as any City employee. The Whistleblower Program is an important option in that it allows anyone, whether anonymously or self-identified, to report suspected cases of abuse, waste, fraud or other activities that may be unethical or illegal. Details about how to contact the program appear in the footer of all Director Reports and I have directed staff to make it a permanent link on the DPHnet *Fast Facts* page. The Department fully supports the Whistleblower Program and staff who use it to report issues they want to bring to the attention of the Controller's Office.

SFGH to Screen *The Waiting Room* Documentary

The acclaimed documentary *The Waiting Room*, which follows the stories of several patients and providers in the emergency room at Oakland's Highland Hospital, will be screened at SFGH on May 15, at 5 p.m., in Carr Auditorum. The event is sponsored by the hospital's Community Wellness Program. The film will be shown again on June 1 at the Bayview Opera House, followed by a panel discussion featuring Supervisor Malia Cohen and SFGH trauma surgeon Dr. Andre Campbell. We invite the Commissioners, staff and members of the public to attend one of the special screening events. We appreciate the efforts on behalf of the Community Wellness Program to make this documentary available to us.

SHARP Interns Arrive

The Center for Learning and Innovation (CLI) within the Population Health Division, has accepted six undergraduate scholars into the Summer HIV/AIDS Research Program (SHARP), an internship program designed to encourage underrepresented students to pursue careers in HIV-related research. On behalf of the entire Department, we welcome Ali Zahir, Aminta Kouyate, Erikan Obotetukudo, Lexi Adsit, Nathan Kim, and Nneka Okeke. The program runs from June 3rd through August 23rd. Please save the date for the SHARP Symposium on Friday, August 16th, noon - 3:30 p.m., where the scholars will present on their research projects. For more information about SHARP, go to www.sharpinternship.org.

Tomas Aragon, DPH Health Officer, gave a brief update of the recent Typhoid Fever case. The case involved a food worker who contracted salmonella while on a trip outside of the United States. DPH food inspectors have since inspected the food facility and found that no other restaurant workers were ill.

Dr. Aragon also gave an update on A:H7N9 influenza. This bird flu is very rarely transmitted to humans; however when it is transmitted, it may be fatal. He stated that there have been cases of transmission to humans in China. Dr. Aragon added that the concern is that human to human transmissions could result in an influenza epidemic.

Commissioner Comments/Follow-Up:

Commissioner Chow commended the DPH for its timely and effective health notices to the provider communities. He suggested that the DPH may consider adding email distribution in addition to faxes. Dr. Aragon stated that the DPH is working with the San Francisco Medical Society to distribute notices via email.

Director Garcia stated that the DPH may also utilize communication with its contractors on these types of health-related issues when necessary.

4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) FINANCE AND PLANNING COMMITTEE

Commissioner Chow chaired the meeting and stated that the Committee recommended that the full Health Commission approve the May Contracts Report, the request for the new contract with Evoked Potential Associates, and the request for site approval for relocation of the Bayview Hunters Point Health and Environmental Resource Center. He also stated that the Committee held a public hearing on the Laguna Honda Hospital (LHH) paratransit services; there were no other providers present who stated that they had interest in operating the LHH paratransit services.

6) CONSENT CALENDAR

The following items were unanimously approved:

- MAY 2013 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT IN THE AMOUNT OF \$1,200,000 WITH EVOKED POTENTIAL ASSOCIATES LLC, AN AFFILIATE OF SPECIALTYCARE, INC TO PROVIDE INTRAOPERATIVE NEUROMONITORING SERVICES FOR SAN FRANCISCO GENERAL HOSPITAL FOR THE TERM OF MAY 1, 2013 THROUGH APRIL 30, 2015 (24 MONTHS).
- REQUEST FOR SITE APPROVAL FOR RELOCATION OF THE BAYVIEW HUNTERS POINT HEALTH AND ENVIRONMENTAL RESOURCE CENTER (HERC)

**7) PROPOSED AMENDMENTS TO THE SAN FRANCISCO HEALTH CODE
ARTICLE 22A (MAHER ORDINANCE)**

Kelly Prezter, Deputy Director, Legislative and Government Affairs for the Office of the Mayor, and Stephanie Cushing, Principal Environmental Health Inspector, gave the presentation on the proposed amendments which expand the boundaries and types of projects for which soil and groundwater testing is required.

Commissioner Comments/Follow-Up:

Commissioner Chow asked if there is a size requirement that activates the DPH to assess a site. Ms. Cushing stated that when at least 50 cubic yards of soil are moved or if a building permit is needed then the DPH will assess the site unless there is a waiver filed for the property.

Commissioner Sanchez asked if there is surveillance of the underground creeks running through San Francisco. Ms. Cushing stated that there are seven water basins in San Francisco that the San Francisco Public Utilities Commission monitors. Ms. Prezter stated that the proposed amendments relate to areas that are known to have possible environmental issues.

8) DPH BUDGET FY 2013-2014 and FY2014-2015

Greg Wagner, Chief Financial Officer, gave the presentation on the final proposed DPH Budget. He stated that based on the Health Commission requests at the April 23, 2013 meeting, several programs that provide a specific service in which there is no other capacity in the service system, have been removed from the budget reduction list. The total amount of these contracts is \$334,066.

Director Garcia stated that there is an additional contract to be restored: Dolores Street Community Services Supportive Services at Casa Quezada contract for \$81,356. Mr. Wagner stated that with the addition of this contract, the amount taken out of the proposed reductions is approximately \$415,000.

Commissioner Comments/Follow-Up:

Commissioner Melara asked for clarification on the formula used to determine which contracts were removed from the reduction list. Director Garcia stated that criteria included: if the contract was under \$500,000, the type of service provided, and/or whether the DPH was the sole funder.

Commissioner Taylor-McGhee asked for an update on discussions with the Mayor's Office regarding structural issues in the budget. Mr. Wagner stated that the Mayor's Office has worked closely with the DPH. The current City 5-year budget plan includes the DPH deficit in the overall City General Fund deficit. Mr. Wagner stated that the total size of the current DPH structural deficit is almost \$50 million.

Public Comment:

Michael Siever, San Francisco AIDS Foundation (SFAF), stated that he is not in support of the proposed cuts to the Stonewall program because they will be detrimental to the program which has helped many gay and bisexual men in San Francisco. He added that alcohol and substance use is a cause of current HIV transmission rates in San Francisco.

Ken Campbell, previous SFAF Stonewall client, stated that he is not in support of the proposed cuts to the Stonewall program. He stated that program helped him stop using substances and enabled him to now be in school to be a drug and alcohol counselor.

Adam Carrico, UCSF Assistant Professor, stated that he is not in support of the proposed cuts to the Stonewall program. He has been collaborating with the Stonewall Project for two years. Data show that the program's clients have increases in undetectable HIV viral loads and lower use of substances in addition to lower sexual risk taking.

AJA Monet, stated that he is not in support of the proposed cuts to the Stonewall program. He was a client of the program and is now a contributing member of society and will soon be going back to work; he attributes his growth to the program.

Eve Meyer, San Francisco Suicide Prevention, thanked the Health Commissioners for removing San Francisco Suicide Prevention from the list of contracts to be reduced. She urged the Commissioners to pass the budget under protest that other organizations must have their contracts reduced.

Courtney Mulbery Pearson, SFAF, stated that she is not in support of the proposed cuts to the Stonewall program. She stated that people who are in treatment adhere better to HIV medication regimes. She added that SFAF is hoping to find ways to get reimbursement for Stonewall services when the American Care Act is enacted in 2014.

Deena Lahn, San Francisco Community Clinic Consortium (SFCCC), stated that she is not in support of the proposed budget because reductions in SFCCC contracts will result in a reduction of clinic services to special needs populations such as lesbian, transgender, Latino, and women with children.

Bob Bennet, Family Service Agency, stated that not giving community based organization contractors a cost of living increase and reducing their contract budgets each year will decimate the service system. He added that the amount of cuts for all the community based organizations is equal to the cost of living increase for UCSF physicians.

Commissioner Comments/Follow-Up:

Commissioner Chow stated that work force reforms are necessary to address future DPH budget issues. He stated that the Affordable Care Act (ACA) requires enhanced care to a larger population but does not include funding to cover all the required services and added that community based organizations are a vital part of the

San Francisco services system. He also stated that proposed budget maximizes DPH funding in an attempt to get the receive the highest level of reimbursement. He added that it is an uncomfortable balance and that he is hoping that larger agencies will continue to work with the DPH to minimize the impact of the budget reductions.

Commissioner Sanchez thanked the DPH and its partners for the ongoing work to find solutions to structure issues in the budget and to insure continued high quality of care delivered to San Franciscans in need. He added that it is good news that the Mayor's Office has made strides to work with the DPH to address structure budget issues.

Commissioner Melara stated that the Health Commission has been given the task of approving a budget reflecting responsible planning decisions to pass on to the Mayor's Office. She agreed with Commissioner Chow that it is an uncomfortable balance of making budget reductions in an effort to maximize future revenue. She encouraged those in attendance who made public comment to visit the Board of Supervisor's budget hearings to make a plea on behalf of their programs and services to specific populations. She added that the bulk of problems in the DPH budget are structural issues related to City work-force agreements.

Action Taken: The DPH Budget FY 2013-2014/ FY 2014-2015 was unanimously approved.

9) **OTHER BUSINESS**

JOINT CONFERENCE COMMITTEE REPORTS

COMMITTEE AGENDA SETTING

Commissioner Melara stated that the June 4, 2013 full Health Commission meeting will be cancelled due to quorum issues. She asked Mr. Morewitz to contact all the Health Commissioners to determine whether there will be quorum for the July 2, 2013 full Health Commission meeting.

10) **CLOSED SESSION**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

Personnel Evaluation: Mark Morewitz, Health Commission Executive Secretary

- D) Reconvene in Open Session

Action Taken: The Health Commission voted not to disclose discussion of the items in Closed Session.

11) **ADJOURNMENT**

The meeting was adjourned at 6:14pm.

Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Belle Taylor-McGhee
Commissioner

HEALTH COMMISSION CITY AND COUNTY OF SAN FRANCISCO

Edwin M. Lee, Mayor
Department of Public Health



Barbara A. Garcia, M.P.A.
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

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Web Site: <http://www.sfdph.org>

AGENDA

HEALTH COMMISSION MEETING

Tuesday, May 21, 2013, 4:00 p.m.

101 Grove Street, Room 300 or Room 302
San Francisco, CA 94102

1) CALL TO ORDER

2) PROPOSED ACTION:

APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING
OF MAY 7, 2013.

**Minutes of the meeting of May 7, 2013*

3) FOR DISCUSSION:

DIRECTOR'S REPORT

(Barbara Garcia, Director of Health)

- Legislation
- Programs
- Budget
- Departmental News
- Announcements

**Director's Report*

4) GENERAL PUBLIC COMMENT**

5) FOR DISCUSSION AND
POSSIBLE ACTION:

COMMUNITY AND PUBLIC HEALTH COMMITTEE

6) FOR ACTION:

CONSENT CALENDAR***

7) FOR DISCUSSION AND
POSSIBLE ACTION:

DPH 3rd QUARTER FINANCIAL REPORT
(Greg Wagner, Chief Financial Officer)

8) FOR DISCUSSION AND
POSSIBLE ACTION:

COMMUNITY HEALTH IMPROVEMENT PLAN/PUBLIC HEALTH
ACCREDITATION UPDATE

(Colleen Chawla, Deputy Director of Health and Director of Policy and
Planning, and Karen Pierce, Accreditation Coordinator)

9) OTHER BUSINESS****

FOR DISCUSSION AND:
POSSIBLE ACTION:

JOINT CONFERENCE COMMITTEE REPORTS

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**FOR DISCUSSION AND
POSSIBLE ACTION:**

COMMITTEE AGENDA SETTING

10) CLOSED SESSION

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

SETTLEMENT: Camacho v. CCSF

- D) Reconvene in Open Session

11) ADJOURNMENT

- * Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- ** At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- *** All matters listed under the Consent Calendar are considered to be routine by the San Francisco Health Commission and will be acted upon by a single vote of the Commission. There will be no separate discussion of these items unless a member of the Commission or the public so requests, in which event the matter will be removed from the Consent Calendar and considered as a separate item.
- **** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please

make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org

Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.

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Sonia E. Melara, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Cecilia Chung
Commissioner

Judith Karshmer, Ph.D, PMHCNS-BC
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**HEALTH COMMISSION
CITY AND COUNTY OF SAN
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**Edwin M. Lee, Mayor
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Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 21, 2013, 4:00 p.m.

101 Grove Street, Room 300 or Room 302

San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner Sonia E. Melara, MSW, President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner David J. Sanchez Jr., Ph.D.
Commissioner Belle Taylor-McGhee

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The meeting was called to order at 4:01pm. Commissioner Melara welcomed Commissioner Karshmer to the Health Commission and gave a summary of her background and work experience.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 7, 2013.

Action Taken: The minutes of the May, 2013 Health Commission meeting were unanimously approved.

3) DIRECTOR'S REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

Commissioner Comments/Follow-Up:

Commissioner Chow asked for more information on the State budget update. Director Garcia stated that the Governor's revised budget included a change in California's Affordable Care Act (ACA) health care reform implementation. The revised budget includes the state-based Medi-Cal expansion plan rather than the previously contemplated county-based plan. The new plan will be implemented in January, 2014 and will eliminate potential infrastructure issues of each county operating its own Medi-Cal program. San Francisco is still negotiating with the state regarding the Realignment funds that may be given back to each county.

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, stated the new Governor's budget includes provisions to determine the level of savings counties will have when many recipients of county public health services that receive State Realignment funding for indigent care become insured in 2014 due to ACA.

Commissioner Chow asked how the new plan might impact the San Francisco budget. Ms. Chawla stated that San Francisco County's position has been that it should not have to return any money to the State until 2017. This is because the state will not incur any costs to MediCal expansion because the federal government will cover 100 percent of these costs for the first three year of ACA implementation. However, the state anticipates it will incur costs for individuals who are currently eligible for insurance but who are not enrolled. Reimbursement for care to these currently-eligible individuals will be at the current 50-50 state-federal cost sharing arrangement. Thus, the state is seeking local funds to cover these costs. The State is proposing to recover 100% of any savings that the county would realize up to the total amount of health Realignment funding each county receives. Currently San Francisco receives \$80M in health Realignment funds.

Commissioner Chow asked what formula the State is proposing to use to determine the level of savings for each county. Ms. Chawla stated that statewide, the Governor has proposed that \$300M in county health Realignment funding be put into an escrow account. San Francisco's portion is approximately \$16.9M of that \$300M. During the year, each county's savings would be calculated and any over-contribution by a county would be returned to that county.

Director Garcia stated that the DPH will update the Health Commission on these topics at future Health Commission meetings.

4) GENERAL PUBLIC COMMENT

There was no general public comment.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Commissioner Taylor-McGhee, Committee Chair, stated that the Committee heard presentations on strategies the DPH employs in dealing with infectious diseases including typhoid, meningitis, and H7n9 Avian Flu. The Committee also heard presentations on HIV community viral load, and the Incident Command System.

6) CONSENT CALENDAR

There were no items on the Consent Calendar.

7) DPH 3rd QUARTER FINANCIAL REPORT

Greg Wagner, Chief Financial Officer, gave the Report.

Comments/Follow-Up:

Commissioner Melara thanked Mr. Wagner for the report.

8) COMMUNITY HEALTH IMPROVEMENT PLAN/PUBLIC HEALTH ACCREDITATION UPDATE

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, and Karen Pierce, Accreditation Coordinator, gave the updates.

Comments/Follow-Up:

Commissioner Melara commended all those involved in the Community Health Improvement Plan and Public Health Accreditation Update. She asked for an update on the DPH Health Report Card. Ms. Chawla stated that data elements from the DPH Health Report Card were incorporated into the Community Vital signs.

Commissioner Chow asked how the Community Health Improvement Plan insures that the relevant draft policies come back to the Health Commission for review and codification. Director Garcia stated that the DPH will continue to update the Health Commission and bring forth relevant draft policy for review as it is developed.

9) **OTHER BUSINESS**

JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Chung stated that at the May 14, 2013 SFGH JCC meeting, the Committee heard presentations on the SFGH Rebuild effort, Utilization Review, and Patient Flow.

COMMITTEE AGENDA SETTING

10) **CLOSED SESSION**

- A) Public comments on all matters pertaining to the closed session
- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

SETTLEMENT: Camacho v. CCSF

- D) Reconvene in Open Session

Action Taken: The Health Commission voted not to disclose discussion of the items in Closed Session.

11) **ADJOURNMENT**

The meeting was adjourned at 5:46pm.

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Mark Morewitz 12:28 PM

June 4, 2013 Health Co...

Mark Morewitz 12:26 PM

The June 4, 2013 full He...

The June 4, 2013 full Health Commission Meeting Has Been Cancel...

Mark Morewitz [Mark.Morewitz@sfdph.org]

Sent: Friday, May 31, 2013 12:24 PM

To: mark.morewitz@sfdph.org

The June 4, 2012 full Health Commission meeting has been cancelled. The next full Health Commission meeting will be held on June 18, 2013 at 4pm.

Mark Morewitz, MSW
Health Commission Executive Secretary
101 Grove Street, Room 309
San Francisco, Ca 94102
Office(415) 554-2666
Fax (415) 554-2665

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Items 1 to 2 of 2

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